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Nurses and Nursing

BY

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To

THREE GREAT TEACHERS OF NURSING

MARY HACKETT
CHARLOTTE MACLEOD
BEATRICE DEVEBER

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INTRODUCTION

IN these pages there will be found nothing that has not been previously printed. The reason for reprinting is to bring together and make available articles some of which have had only very limited circulation.

The first three chapters were originally published in *Nurses for Our Neighbors*, a book no longer in print. Other chapters were published in the *Boston Medical and Surgical Journal*, or in the *Waltham Training School News Letter*. The last chapter was published in the *News Letter* of the Guild of Saint Barnabas for Nurses.

While it is hoped that the purpose of the book will be plain to those who read it, some explanation of it may not be amiss.

The author throughout his practice as a family physician has been impressed with his own and his patients' growing dependence upon trained nurses. Convinced that their training really devolves upon the medical profession, he has tried to improve the methods of training them. He still believes that a proper school for nurses must be independent of hospital control, inasmuch as educational interests

cannot be and ought not to be of primary interest to the hospital. He further believes that nurses for service in their patients' homes can be properly trained only in such service.

Probably it will never be possible to persuade nurses, whose sole training has been in the hospital, to accept these propositions, which continue to receive strenuous opposition from the leaders of the nursing profession. But possibly those who are really responsible for the training schools can be so persuaded.

It is in this hope that this book is published.

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NURSES AND NURSING

I

IDEAL NURSING: A SEARCH FOR IT

AS civilization progresses, one kind after another of our common human duties becomes specialized. In ruder times there was only the division between man's work and woman's. Even that division was not clearly defined, and one sex must often have undertaken the work more properly belonging to the other. In spite of the current notion that there is no really proper man's work that cannot as well, if not better, be done by women, there can be at any rate no question that some kinds of work can be done by women much better than by men. Thus women must have always excelled, as they now and forever will excel, in caring for the helpless. But in this age of specialization of labor, this work, that so peculiarly belongs to womankind, has within recent years been delegated to the profession of nursing. I need not point out the importance, not only to the physicians whose business it is to direct the nursing of their patients, but also to the women who have thus, and perhaps too hastily, surrendered their peculiar field of service, of knowing just what is involved in this new specialization. What is meant, what ought to be meant, by trained nursing?

In succeeding chapters I shall try to answer these questions. But now I shall only tell what I have happened to see and hear while searching for the ideal in nursing.

My mother was one of the old-fashioned night-watchers, as those women were called in New England who were always ready to help care for sick neighbors. As a boy I heard much of what she did for them, and later when I had begun my medical practice I sometimes had her help as the volunteer nurse. I am sure it is not merely from filial pride that now in looking back I consider her nursing in its efficiency and tenderness nearer the ideal than what would generally be considered excellent to-day. I state this conviction in order to emphasize the fact that nursing is not a new but rather an old art. And an art, of course, can be learned only by imitation of masters of it. Proficiency comes afterwards by long experience, provided always that it is heart work as well as head and hand work. This was the way the old-time neighbor night-watchers learned the art of nursing. Nor was their after-experience small. My mother, for instance, could count a hundred babies she had seen born. And I doubt not she also had stood by many more older folks whose lives were hanging in the balance.

That some women considered especially able were thus "improved" in volunteer neighbor nursing

marks the beginning of that specialization we now see so highly developed. A second stage was exemplified by the old-time experienced nurses, as they were called, who were paid moderate wages for their services. A great mistake has been made and a great injustice done in classifying them as "Sairey Gamps." Such may have been the type in London, but not in this country. Many of them were better nurses than the average trained nurses of to-day. They were hard-working, self-respecting, honest, kind-hearted women. So, at least, were all I have ever known. Bigoted, no doubt, they were, and less teachable the older they grew. And they were never very young; for in point of fact only middle-aged women "went out nursing." No one of them I ever knew was willing to admit she did not know everything. That, in their estimation, would have been destructive to their stock in trade. But, in spite of all these rather trying characteristics, these old-time nurses were immensely useful.

I shall not describe here the very different class of women who were the hospital nurses of the past. They were a bad lot, judging from what I have heard, and from the reports of the investigating committees. They were to be found only in the hospitals, never undertaking private family nursing, and by my student time, forty odd years ago, the large hospitals were already redeemed by the new

training schools. Only their unsavory memories remained.

In 1883, as house physician in the Boston Lying-in Hospital, I was suddenly confronted by the nursing problem, in all its perplexity. I was told that I was responsible for the nursing service, and that if any nurse was disobedient or inefficient I must discharge her. That was before there was any pretense of a training school there. The nurses came to earn their living and to learn how to do that particular kind of nursing in private service afterwards. They were of all sorts, and had been in the habit of behaving toward the house physicians, and with them, about as they pleased. There was no head nurse. Fortunately the matron, Mrs. E. J. A. Higgins, one of the ablest and finest women I have ever met, heartily approved my decision that thereafter all criticisms of the nurses should be given to them through her. This innovation the nurses naturally enough resented. I was boycotted and duly informed in a letter signed by them all that I need expect from them only written communications. This proved to be a help rather than a hindrance; for it was the beginning in that hospital of written orders and written reports. They were obedient, and before long, in spite of themselves, they began to be interested in the course of lectures I gave them; very likely the more readily because they knew that these lectures were given in

disregard of the objections of the hospital staff, in whose opinion nurses should learn only from experience and without the aid of theoretical instruction or any explanations of the principles underlying their duties. Some of these nurses turned out very well. From them I learned many a valuable lesson. My ideal of nursing began to take definite shape. And the year after, in private practice, I sorely missed their help.

After having worked with pupil nurses, I could not get on with the old-time experienced nurses, who either would not or could not record even their inaccurate observations. I might have learned how to work with them had there been more occasion for it; but it was seldom their services were to be had, even after hunting the town over for days at a time. As a class they were already disappearing. There were, in place of them, a few of the modern trained nurses, but only in rare instances could such be afforded by my patients. Nor were these always satisfactory when secured. To my great disappointment the graduates of the few schools then existing, excellent as their work had been in the hospitals during their training, when given private practice could not accommodate themselves to such very different service. This I found to my great surprise was also true of the nurses I myself had trained in the Lying-in Hospital. In many ways, hard to de-

fine because the real spirit of good service is here involved, the modern nurses were not so helpful as were their untrained predecessors. This failure was particularly noticeable in the nursing of convalescents and of chronic cases, which, after all, give physicians and nurses by far the largest part of their occupation. There is no doubt of the fact that modern nurses as a class have not even yet fully succeeded in satisfying either the physicians or the families where they have served. Some few have been helpful, comforting angels. Many more have given faithful service and have well earned their wages, for which alone, as they freely say, they have labored. Some have not even taken pains to conceal their positive dislike for their work. Plainly such women show either their personal unsuitability for the nurse's calling, or the lamentable results of improper training.

In the spring of 1888 I had my first chance to visit hospitals abroad. I had read every publication about nursing that I could find, and was convinced that after Miss Nightingale's classic "Notes," the best work was by Miss Eva C. E. Lückes, the matron of the London Hospital. When I went there and told my kind guide, Dr. Mackenzie, in answer to his question as to what I especially wanted to see, that I wanted to meet Miss Lückes, I was surprised to hear him say that he would see if that were possi-

ble. In this country if the superintendent of nurses was wanted, she came when summoned. But there, we went to her outer office, explained our desire to her courteous office nurse, and were informed that, by waiting perhaps half an hour, we might "see Matron." Before that time expired a pleasant lady came out of the sanctum. Dr. Mackenzie bowed low and whispered to me, "The Princess Beatrice." We were then ushered in. It was Matron's receiving afternoon. She greeted me cordially and gave me an appointment for the next day. Then, and also when I have since visited her in the charming apartment provided by the Hospital for her use at Bexhill-on-the-Sea, I realized how differently hospital matrons are regarded in England and in America. There they recognize that hospitals, after all, are really homes for the sick, and that there can be no home even for well folks unless there is a woman at the head of it. Until these elementary facts are also recognized in this country, and until our ablest women undertake this noble service, we need not expect any higher development of American nursing.

Eight years afterwards, in 1895, I saw Florence Nightingale. In another chapter will be found an account of my visit. But first I must describe the training school that she advised me to take for our model. The Metropolitan and National Nursing Association was the sonorous name of the small in-

stitution. When I went to its modest headquarters, I found to my surprise both pupil nurses and their teachers out. And where? "Why in the districts, visiting the sick poor," was the answer. There I found that probationers were thus given their first lessons. If they proved their aptitude, then and only then were they sent to the hospitals for one year of training and afterwards taken back for the completion of their course in the district work. Miss Amy Hughes, who afterwards became the chief of the Queen's Jubilee nurses had been the superintendent, but I saw only her assistant and successor, Miss Grey.

Now the light began to shine. Here was realized Miss Nightingale's heart-wish for nursing: the true spirit of helpfulness to the sick and suffering was made of first importance. Technical skill and theoretical education, the latter in only moderate amount, were to come later in the pupil nurse's training. Their hearts were first to be exercised by bringing their kind impulses into action. This as was there believed can be better done in the patients' homes than in the hospital wards; and as years go by I am more and more convinced that this way, which Miss Nightingale commended, is the true way of training nurses.

Many years ago, after I had been pleading in a Canadian city for the establishment of visiting

nursing, in commemoration of Queen Victoria's Diamond Jubilee, a lady came forward with this sad story. From her mother she had learned the joy of volunteer neighbor nursing, and then to fit herself better for it she had taken the course of training in one of the large Boston hospitals. After graduation she had served for several years as a head nurse there. Then she came home, intending to resume neighbor nursing. But, to her dismay, she could not do so. Somehow she had lost the power, and she said she never knew why. Evidently it was not that she now knew too much, nor that her technique was over-developed. No, it was simply because her love of fellow service had not been equally amplified. That greatest of motive powers is God-given, and, like every other talent, if buried in a napkin, is lost forever. In the large hospital wards she had given faithful service to many, but with whole-hearted devotion she had served not one. Infected with the spirit of much of the modern practice of medicine, she had been interested in the diseases more than in the individual sufferers therefrom. I hasten to say that such a result of hospital training is in my judgment by no means necessary; and it may not be very common. Let it be taken, then, as only an exaggerated example of a dangerous tendency in modern methods of training.

In my search for ideal nursing I once found in

the German hospital of Philadelphia something very like what before I had admired in the deaconess hospitals in Germany, and yet these nurses were not deaconesses. How, then, had the beautiful spirit of consecrated service been transplanted? I asked their chief, who, with tears of gratitude for appreciation she said she seldom received, insisted that any excellence in her pupil nurses was due wholly to the fact that she, their teacher, had been trained in Neuendettelsau, near Nuremberg. Thither I hurried. Could I only put in words what I there saw and heard, that would be enough. My readers would then understand what I mean by the ideal, by the true spirit, of nursing. And yet most modern nurses would laugh at the story. Where, they would ask, was the hospital? In fact it was not easy to find, so tiny was it. And what of the *crèche*, with its happy well-fed babies; or of the home for the aged where every one was busy in doing something for others, and not, as in such "homes" here, wearied by being done for; — and what of the asylums for rescued women, for the blind, the epileptic, the insane? Surely, as most modern nurses will say, it is not in such service, nor in the visiting of the sick in their cottages, that a proper training in nursing can be given. No, not from their point of view. But, be it ever remembered, it was in just such an institution that the greatest nurse who has ever lived was

trained, and that with this training she was able to revolutionize hospital nursing. There were but few beds in the Kaiserswerth Hospital; but at Scutari there were thousands, yes, and more thousands of sick and wounded men waiting for beds to be emptied. This shows the egregious folly of estimating the value of a nurse's training by the number of beds in the hospital where she serves; for her efficiency, of course, depends solely upon how well she is taught to meet, yes, and to forestall, the countless needs and wants of each individual of the very few that any nurse can simultaneously take care of.

The fact is that our modern nurse and the old deaconess can neither understand the other. Thus to the stiffly starched, white-uniformed American nurse the soft, dark-blue gown of the deaconess seems very un-nurselike; it does not rustle enough. The difference, however, is far deeper than the garb. It is in the spirit. Our nurses cannot understand the pious motive that inspires the deaconess, that makes for her all drudgery a joy; nor can they appreciate the importance in the sick-chamber of her gentle demeanor and jealous prevention of every disturbing noise.

There may not be among our nurses, on the other hand, so much worldliness as the deaconess would conclude, for our nurses often conceal their better selves, and, indeed, many seem to affect a worldli-

ness that is not really theirs. They think they must have seen and must talk about the latest plays, that they must read the novels of the day, and be well up in society gossip. Whether or not this is affectation on their part, nursing is not the real vocation of such women. If ever they have felt the soul-satisfying delight of helping the helpless, they have somehow lost the guidance of that feeling; and we miss the lovely shine of it in their faces, the sweet sound of it in their voices, and in their hands we miss the tenderness of touch. This lack in them it is that makes us wish we might have with us, when our last hours shall come, nurses more like the dear old motherly deaconesses.

Some years ago I was in Berlin at the time of the International Congress of Nurses. For months I had been admiring the work, and especially the spirit, of the German nurses. I knew something of the nursing in every one of the hospitals, and I offered to serve as guide to any of my countrywomen who had come to that congress. But they told me that they had been forewarned not to waste their time in visiting the Berlin hospitals, where they would find nothing worth seeing, and, moreover, that their time would be fully occupied with their business meetings. I succeeded, however, in persuading some of them to go with me in the early mornings to see how wonderfully the ward work was

done when the night nurses were reinforced by the day shifts; and at the noon intervals to see how the children's wards were hushed and darkened for the little patients' naps; and to the special wards for the dying (which are always next the chapel so that the organ and the old German hymns the sisters sing may be the last sounds heard) to see there how beautifully the patients are soothed and comforted.

From Germany we went to Switzerland to see the famous training school of La Source at Lausanne. It was founded by the Count and Countess de Gasparin in 1859 for Protestant laywomen, thus antedating by two years the Nightingale School at St. Thomas's in separating the profession of nursing from the religious vocation.

To those who believe that nurses can be well trained only in hospital wards the results of the school of La Source will never be intelligible; for not until after half a century of its existence did the pupil nurses have any hospital training, and even now the small hospital conducted by the school has only a few beds. The training has always been given in the homes of the patients and in the dispensary for out-patients. Each day the pupil nurses assemble in class for lectures and demonstrations. In their visiting nursing they have constant teaching supervision. Better nurses have never been sent forth from any school. Not only in private service,

but also as matrons of large hospitals and as head nurses of wards and operating-rooms, these nurses have won enviable distinction in many different countries and consequently are in great demand.

I cannot close this chapter without telling something of Pastor von Bodelschwingh's work. If there is any one institution where may be seen in operation, in the care of every kind of human helplessness, the true spirit, the highest ideal of nursing, it is at Bielefeld, in Westphalia. Not since Theodor Fliedner has there been such another directing genius. To see the man was like a benediction; but "No, no," he said, "it is not me you must want to see; it is the work, the work."

The story in part may be read in "The Colony of Mercy," but so far as I know, this greatest humanitarian work of the age has nowhere been properly described. Five thousand more or less helpless men, women, and children were under Pastor von Bodelschwingh's care at the time of my visit. Every single one of them was happy! And the double reason of that evidently was that each was receiving individual loving care and each was at the same time working for others. Not till the last breath is any one there deprived of this privilege. For instance, in the children's ward, a dying girl was radiantly happy because she was still allowed to soothe by patting with her wasted hand a hopelessly deformed younger

child who, the nurse said, was always quieted when crooned to by this little comforter. Out in the courtyard were partially crippled tots, merry at their task of sweeping away the fallen leaves. We watched them till they hurried to their benches where, before dipping into their bowls of porridge, they folded their small hands and asked God's blessing. By the riverbank we met a half-witted boy dragging along, one on each side, two almost helpless idiots. No one else, we were told, could make those idiots take their daily walk. All three were happy, but the boy's face was radiant. "My mother is coming to see me," he called out to us. "Once a year she makes this visit," we were told, "and he is always looking forward to the next time." In the Feier Abend Haus, the home for the happy close of this life, an aged blind woman was busy rolling bandages, humming to herself meanwhile. When asked why she sang she answered because every one here and God above is so very kind. But it was plain that one reason for her happiness was in the work she was given to do. This foundation of happiness for the disabled, only lately recognized in this country for its therapeutic value, is the main principle not only in the Bielefeld institutions, but also throughout Germany.

In Kaiserswerth years ago I was taken into the garden to see their oldest nurse. She was not of the

first year's class, for she entered Fliedner's school during its second year. She had long since had her golden jubilee, after fifty years of nursing service. There she sat under an apple tree, then in full blossom, busy counting the linen as it had come from the laundry. Behind her was a smiling young probationer keeping tabs, who, in a voice aside, told us that the dear old nurse could no longer count straight, "but we never let her know that." Here evidently is one of the principles of perfect nursing service,—to supplement the patients' inability and incapacity in such self-effacing ways as may most surely escape notice, all the while providing for them just so much occupation of mind and body as will refresh and not fatigue them. But this, after all, is only one of the countless methods of the art of nursing, and not of much use is this or any other method unless employed by those who find their deepest joy in loving fellow service. Only such can ever be excellent nurses.

II

THE ART OF NURSING IN THE OLD WORLD

UNLIKE all other arts, the art of nursing belongs distinctively to the Christian dispensation. Undoubtedly the sick and suffering have been more or less tenderly cared for by their friends from the beginning of civilization, but the obligation of caring for all the helpless was first taught in the parable of the good Samaritan.

In apostolic times pious women began to be set apart and consecrated as deaconess nurses. One of them, Sister Phebe, is described by St. Paul in his Epistle to the Romans as having been a "succourer of many," among them himself. She was a district visiting nurse, and no better description of such service has since been given. But nursing was only one of the early deaconess's functions. She was also a missionary, a teacher, a dispenser of alms, and an assistant in the church services.

In the early centuries of the Christian Church there were many followers of Phebe's example. In Constantinople, for instance, in the year 400, there were forty such women serving as parish nurses, and in 600 A.D. the Patriarch of that city dedicated

the church of the deaconesses, which remains to this day but now serves as a Turkish mosque.

During the Middle Ages many different religious orders were established with the care of the sick for at least one of their objects, and by the eleventh and twelfth centuries hospitals came into existence.

Immediately following the Reformation there was a revival of the deaconess orders in the Protestant churches. In the "Confession of Faith" of one of the Mennonite congregations of Holland, dated 1632, there is an elaborate definition of the deaconess's duties as parish nurse that would serve to-day; and there are records in Amsterdam of such service in the preceding century. It is interesting to us New Englanders that the Pilgrims during their sojourn in Amsterdam had a deaconess nurse.

During the sixteenth and seventeenth centuries the great nursing orders of the Catholic Church were founded, the Ursuline Sisters of Charity in 1537, the St. Vincent de Paul Sisters in 1634, and the Sisters of St. Carl Borromeo in 1663.

Many nursing orders of women and some orders of male nurses have since been organized both in the Catholic and in the Protestant churches. But none have done so much for the advance of the art of nursing as the Lutheran deaconess orders of Germany, which were founded in the second quarter of the last century. The most famous and the earliest

of these deaconess nursing schools is the one established in 1836 by Theodor Fliedner at Kaiserswerth on the Rhine. In a way this was a revival of the early deaconess institution, but really it was much more. It was the first training school for deaconess nurses.

Three years earlier Fliedner had established an asylum for discharged women prisoners; and this rescue work became a part of the Kaiserswerth deaconess institution, and also a part of many others that have since been founded on the Kaiserswerth plan.

Another department of these institutions, which still largely occupies their attention, is the kindergarten and children's school. This, in so far as the care of orphans is concerned, is nurses' work; but it has been extended in many of the deaconess institutions not only to day-schools for the neighborhood, but also to great boarding-schools, the income from which largely serves to support the institutions.

The deaconesses are also employed in various other directions — partly for the service of the surrounding community and partly for the income thus derived — which cannot by any stretch of definition be considered as belonging to the nurse's calling. In many of these employments it is true that occupation is found for the reformatory girls, for the orphans, and for other wards whose partial helpless-

ness is due to defects of body or of mind. The superintendence of such defectives, of course, rightly belongs to the nurse.

The one controlling purpose of the deaconesses' life work, as it is of the Catholic Sisters, is that of saving their own souls and bringing others to the knowledge and service of Christ. Accordingly greatest stress is laid upon religious observances. The deaconesses are consecrated in the churches; they work under the immediate control of the clergy, and in reality serve as their assistants.

The Protestant deaconesses, however, are not so strictly bound to the Church as the Roman Catholic Sisters are. They are free to leave at any time. They may even marry if they choose to do so, without the slightest reproach, although that of course involves their separation from the order. They serve wholly without pay; but their home and clothing and pocket money is given them, and when sick or helpless from age or other cause they are beautifully cared for by the "mother house."

As regards their strictly nursing work, which now alone concerns us, it is rightly considered as a notable advance upon all preceding nursing. As Dietrich, in his history of nursing, says, "It must not be forgotten that, through the introduction of deaconess service in the hospitals and district visiting nursing, there instantly came an improvement, and one

might say an awakening, of the practice of nursing throughout Protestant countries, which led to the great improvement of hospital methods."

When we remember the preponderating influence of Germany in the wonderful medical advance of the last century we have great reason to be thankful for the life work of Theodor Fliedner. He was born in 1800, and died in 1864. There were then sixteen hundred deaconess nurses working in four hundred different places. In 1897, sixty-two years after the work was begun in Kaiserswerth, there were fourteen thousand such deaconess nurses, belonging to eighty mother houses, and working in all parts of the world.

And yet, although the number of deaconess nurses is still increasing, nevertheless their influence in the profession of nursing is waning. Even at the most celebrated of the "mother houses" in Germany there is a growing scarcity of probationers. In America it has been proven very difficult for the deaconess institution to find foothold.

As missionary stations in heathen countries the deaconess hospitals are still of great service, veritable oases in the desert, and homes of refuge for travelers. In some parts of Europe, as for instance in Westphalia, where during recent years there has developed a mighty religious revival, the deaconesses are still the main dependence in caring for the

helpless. But in the larger cities of Germany, where half a century ago they were the only good nurses, their nursing work is now equaled if not surpassed by that of the lay nurses.

Although the deaconess influence in the nursing world is not what it formerly was, nevertheless no history of nursing and no survey of present methods of caring for the helpless can be complete without giving to deaconess nurses a large share of attention. As has already been pointed out, like the Catholic Sisters of Charity they are busy in various other employments; and, only in lesser degree than the Sisters, the deaconesses make their religious observances of first importance. Nursing in their estimation is distinctly a Christian service. In feeding the hungry, in clothing the naked, in visiting the sick and the prisoners, they fully believe they are ministering unto their Master. One of the famous mottoes of the deaconesses is, "What do I desire? I desire to serve. Whom do I desire to serve? The Lord, and his poor and suffering. And what is to be my reward? I serve for neither reward nor thanks, but in gratitude and love: that I am permitted to serve is my reward." Their inability to understand how nursing service can be well performed by lay women unconnected with the Church probably reproduces the feeling of the monks a thousand years ago when the practice of medicine was first sepa-

rated from the priesthood. And, just as the world now accepts medical service from physicians who not only are unbelievers in Christ but who even deny the existence of the soul, so in the matter of nursing service it is now with those who need it a question of the nurse's skill and knowledge rather than of her piety and religious devotion. And yet even those who believe in the existence of only this material world cannot help admiring the scrupulous fidelity, the unselfish devotion, and the loving tenderness of the nurses whose service for the sick is for their Lord's sake.

The most important outward distinction between the nursing done by members of religious orders and that of modern nurses is in the wider field of the former. Modern nurses generally are occupied in nursing only the acutely ill; while deaconesses care also for all forms of human helplessness. The same difference is noticeable in the training the two kinds of nurses receive. The modern nurse is trained in hospitals. She there learns how to care for surgical patients, for the victims of accident, and for acute medical cases. Perhaps she may also have some midwifery experience, and possibly some training in the care of contagious and infectious diseases. But the common forms of human helplessness she never even sees. The deaconess, on the other hand, begins her training in the *crèche* in caring for well babies

whose mothers are unable to care for them, and then she serves in the asylum for the helpless aged. She has training also in the care of the feeble-minded and the insane; and most important of all she is trained in caring for these commoner forms of helplessness, as well as for the acutely sick, in their own homes.

The aim of the deaconess institution is to serve all the needs of the community, while the service of the modern hospital is restricted to the care of the rarer forms of helplessness. Against common chronics and all incurables the doors of the modern hospital are shut.

The deaconess is trained to help the home and family of her patient. The modern nurse knows how to make the home into a hospital; she also knows how to exclude the family, and too often she does not know how not to make life miserable for the servants.

In the small hospitals of the deaconess institutions there is a homelike atmosphere seldom to be found in the larger and more scientifically famous institutions. Nor is there wanting the necessary application of modern science. The operating-rooms are just as aseptic, and the after care of the patient is just as thorough, as anywhere in the hospital world. No detriment comes from considering each patient as a living soul, rather than as an interesting pathological case.

The homelike feeling that pervades the deaconess hospitals is mainly due to the fact that in them woman's influence is supreme. Every hospital, of course, ought to be a home for the helpless. But no home even for the well can exist except a woman be at the head of it. Much more is this true in the case of homes for the helpless, where mothering is especially needed. And yet in the modern hospital palaces, supported by charitable endowments or by public taxation, there is dire dearth of true hospitality. The men trustees, the physicians and the surgeons, the male superintendent and his male assistants, and the host of young house officers, to say nothing of the medical students who overrun these hospitals, somehow fail to make the wards homelike. It is true that there are nurses and ward maids under the charge of matrons and women superintendents; but in our modern hospitals women, whatever their titles, are merely servants under male supervision.

The deaconess hospitals are not magnificent. Many of them, indeed, are dingy old buildings, but in them the patients are at home. At the head of each hospital there is a "mother." The surgeons and physicians visit their patients there as they would visit them in homes where every appliance and every assistance is at hand. Unconsciously, no doubt, this professional service is more personal be-

cause of the mother's interest in each individual patient: moreover, it is engaged and paid for by the institution. Perhaps for this reason among others the doctors coöperate with the mother and the Sisters in carrying into effect the spirit of the institution, which is to treat every patient as belonging to the family at least for the time being.

As is well known, Florence Nightingale received her training in nursing at Kaiserswerth, under Fliedner's deaconess nurses. The Nightingale School for Nurses, which she founded at St. Thomas's Hospital in 1861, with the thank offering given her by English women for her famous service in the Crimean War, introduced in England the spirit of deaconess nursing. No more saintly nursing work has ever been done than that of some of the early pupils of this Nightingale School. Agnes Jones, for instance, who was also a Kaiserswerth pupil nurse, for her wonderful redemption of the workhouse hospital in Liverpool deserves canonization.

Because of the popular opposition to young women's undertaking the nursing career, which until then had been undertaken only by women who had previously failed in every other direction, only the noblest women ventured to enter the new school in response to Miss Nightingale's soul-stirring appeals. The success of the new régime was thus assured. And very soon throughout Great Britain

there was a demand upon the Nightingale School for hospital matrons, for head nurses, and training-school chiefs, that could be supplied only by sending out to these posts pupil nurses who had received perhaps only a year of hospital training. But these were women of previous thorough education, including all household arts. Many of them were possessed of independent means and had paid large fees for their training in nursing. In actual nursing ability, according to modern standards, many of them were not proficient, but they knew how to redeem hospitals.

Even earlier than the Nightingale School several Anglican sisterhoods undertook hospital nursing as an avocation. Although their work in both England and America has been admirable, there have been too few of them for any notable influence upon the profession of nursing.

The excellent character of the training schools and hospitals of England and Scotland is largely due to the matrons who were trained at St. Thomas's during the early years of the Nightingale School, or in the daughter schools of that institution which were almost as fully under Miss Nightingale's influence. In some important respects there was thus continued in English hospitals the characteristics of the deaconess nursing in which she herself was trained. For instance, the matron of the hospital holds a

position not unlike that held by the "mother" in the deaconess hospital. The head nurses are "Sisters." And in each hospital there is a chapel with its chaplain. Religious services are regularly held in the wards. In many of the hospitals there is provision for a graduate staff of nurses, and from some the undergraduates are sent out to private nursing.

But, in spite of these resemblances, English nursing differs essentially from deaconess nursing in that the English nurses do not belong to religious orders. The laicization of the profession of nursing began with the establishment of the Nightingale School, but it has not yet extended far beyond the English-speaking people.

In the hospitals of Germany deaconess nurses are often to be found working side by side with lay nurses, or in special wards of the hospitals. But most of the large public hospitals are dependent for their nursing upon organizations formed upon the pattern of the deaconess institutions and differing from them mainly in being devoted exclusively to nursing. The nurses in these hospitals belong to a "mother house," where they are trained in the domestic arts before they are given hospital service. Afterwards they are sent out to private or district visiting nursing from the same headquarters. To this home they return between their different serv-

ices, and also when incapacitated by sickness or finally by age infirmity. In lieu of this home care they may receive a small yearly allowance while in service and afterwards a modest pension. Such mother houses, almost without exception, are closely connected with the Church. Each has its chapel and pastor, and only Lutherans are admitted as probationers. Many of these mother houses are joined in larger organizations, differing from each other mainly in the stringency of their religious regulations. It is true that under the stimulus of English influence there has latterly developed in Germany a small society of lay nurses who have no connection with either the churches or mother houses, but their number and influence is still inconsiderable.

In Catholic countries the overwhelming proportion of nurses are still the Sisters of Charity.

In Holland a great nursing reform was brought about by the White Cross Society, which gives to nurses certificates of proficiency graded according to their education and experience. Protestants and Catholics alike take these examinations. It is altogether the most sensible organization yet devised for the improvement of nursing.

From this brief sketch of the history of the art of nursing, and of the present conditions of the art in Europe, it would seem as if the continuity for so many centuries maintained in the Catholic Church

has now been dissipated into a bewildering variety of semi-religious organizations. To those who believe in the necessity of such organization our American conditions must seem confusion worse confounded. But, for those of us who believe that the laicization of the profession of nursing, like the earlier laicization of the medical profession, marks a distinct advance, our only concern may well be to save all that was valuable in past methods of training and practice. Nor is it necessary in this endeavor to delve in the misty past, for all that was valuable in the traditions of the nursing art was gathered for the Kaiserswerth deaconesses.

Before establishing this new order of deaconess nurses Fliedner had spent years in studying all the eleemosynary institutions of Europe. He had made the acquaintance of all who were devoted to the service of the helpless. He had hunted up the few old deaconesses who had served as parish nurses in Holland, and he brought back to Kaiserswerth a larger knowledge of the art of caring for the helpless than any other person then living possessed. So in our efforts to secure all the benefits of past experience in the development of the art of nursing we need not go back of Fliedner's school. But, if we do so desire, it is equally easy to study the methods of the great Catholic nursing orders, for their institutions, although several centuries older than Flied-

ner's are like his still continued on practically the same lines upon which they were first established.

Undoubtedly some of the benefits and advantages belonging to the nursing services of Catholic Sisters and deaconesses cannot be retained in lay nursing. We need not discuss the blessings that always belong to truly consecrated service, nor need we more than mention the excellence of purely altruistic service; but we may well emphasize some of the characteristics of the older nursing which might just as well have been preserved in modern institutions and exemplified by modern nurses. The homelike character of the little deaconess hospitals, for instance, might just as well as not pervade our large modern hospitals, for it is a quality that depends not upon the smallness of the hospital, but most largely upon the greatness of the matron's heart and upon the supremacy of woman's influence. The Lady of the Lamp carried to her thousand patients in the Scutari barracks hospital the same loving kindness for every one that she had learned how to express in the tiny hospital at Kaiserswerth. Then there is the devotedness of the older nursing to all kinds of helplessness. That might just as well as not characterize modern nursing. For now, as always, the pauper on his deathbed deserves just as tender care as the millionaire: from the Sisters and deaconesses he receives it. And then there is the helpful-

ness of the older kind of nurses in the home. That is much needed now, and it is just as obtainable if nurses are trained *in* home nursing *for* home nursing. Lastly, there is the quality of sisterliness among nurses who work together. If perfect coöperation is ever necessary it surely is so among those who strive to mitigate suffering and to save life.

III

OLD-TIME NURSING IN NEW ENGLAND

THE widow who was chosen to serve as deaconess nurse by the Pilgrims during their sojourn in Holland probably came to Plymouth with them. For "although sixty years of age when chosen, she served for many years as shepherdess for the flock. She diligently visited the sick and the helpless, especially the women-folk, to watch with them and to render every possible help, according to their needs. When they were poor, she collected sustenance for them from their more prosperous neighbors. She was a mother in Israel and a handmaid of the Lord." Her name is not given in the old chronicles, but she surely is the rightful mother of New England nursing. How well her example was followed by the Pilgrims may be seen in the following extract from the vivid pages of Bradford's Journal:

But that which was most sadd & lamentable was, that in 2. or 3. moneths time halfe of their company dyed, espetialy in Jan: & February, being ye depth of winter, and wanting houses & other comforts; being infected with ye scurvie & other diseases, which this vioage & their inacomodate condition had brought upon them; so as their dyed some times 2. or 3. of a day, in ye foresaid time; that of 100. & odd persons,

scarce 50. remained. And of these in ye time of most distres, ther was but 6. or 7. sound persons, who, to their great comendations be it spoken, spared no pains, night or day, but with abundance of toyle and hazard of their owne health, fetched them woode, made them fires, drest them meat, made their beads, washed their lothsome cloaths, cloathed & uncloathed them; in a word, did all ye homly & necessarie offices for them wch dainty & quesie stomacks cannot endure to hear named; and all this willingly & cheerfully, without any grudging in ye least, shewing herein their true love unto their friends & bretheren. A rare example & worthy to be remembred. Two of these 7 were Mr. William Brewster, ther reverend Elder, & Myles Standish, ther Captein & military comander, unto whom my selfe, & many others, were much beholden in our low & sicke condition. And yet the Lord so upheld these persons, as in this generall calamity they were not at all infected either with sicknes, or lamnes. And what I have said of these, I may say of many others who dyed in this generall vissitation, & others yet living, that whilst they had health, yea, or any strength continuing, they were not wanting to any that had need of them. And I doute not but their recompence is with ye Lord.

Fortunately for the Plymouth Colony, there was never again such desperate need of nursing. Nor were any other of the New England colonies ever in such fearful straits. But in each settlement the life of every individual was necessarily felt to be of great worth to the community. Probably this instinct of self-preservation was one of the motives of the neighborly helpfulness that characterized the communities in their hard struggle for existence. For it must be admitted that our New England forbears

were not over-charitable to outsiders. Quakers and Anabaptists, Papists and Royalists fared ill in the hands of the Puritans. But it would be unjust to our ancestry to let their uncharitableness to outsiders blind us to their kind neighborliness to those helpless who were believed to have the right to live in these parts of the world. Nor would it be becoming in a people that excludes the Mongolians to blame too severely preceding generations for excluding Frenchmen.

It certainly is well worth while to remember the good old customs of succoring those in need. We need not dwell upon the help that was given in building houses, in raising barns, for new families or for those burned out, nor need we more than mention the labor that was freely given to stricken families by the men in harvesting the crops and in replenishing the fuel supplies, and by the women neighbors in baking and mending. For it is the direct service to the sick and suffering that now especially concerns us.

While such service was considered obligatory upon all the neighbors, very naturally in every community some men and some women were recognized as particularly serviceable in bedside "watching," as it was called. And so it was customary for two or three watchers to take turns in nursing a patient whose family had become exhausted, while others

contributed delicacies and other supplies. Such service was, of course, absolutely gratuitous. Nor was it in the least pauperizing in its effect. Those who served esteemed it a privilege, and the recipients, if they recovered, would be only too glad to repay by serving other helpless neighbors.

Much of this bedside watching was excellent nursing. These unscientific neighbor nurses were highly skilled in the art of comforting. They learned the art by regular apprenticeship. As boys and girls they were taken out as assistants by their parents or by other experienced watchers, in accordance with the custom of selecting for each patient watchers of the same sex and similar age.

Physicians in the olden time were, of course, few and far between. Indeed, during the first two centuries of New England, outside of the larger towns, there were almost no doctors. The art of medicine was practised only by the housewives, and the only druggist supplies were home-gathered and manufactured. Every attic was stored with dried herbs, each kitchen had its still, and every garden its medicinal plants. Indeed, many of our common herbs were brought to this country from English gardens for their medicinal virtues. Instead of coryza pellets, bowls of thoroughwort or boneset tea were given, and, instead of tonic elixirs, sips of home-distilled cordials. Doubtless these old-fashioned home rem-

edies were just as efficacious as the blood-letting and the weird combinations of outlandish materials administered by the medical wizards of the time. At any rate, the somewhat nauseous draughts of herb tea carried with them the faith in their virtue, and the neighborly kindness, of their dispensers. The oils, tried out from geese, raccoons and skunks, served as well as modern liniments. Steamed spice-bags, and onion and yeast poultices were probably more comforting than India-rubber hot-water bags.

Many of these neighbor nurses, besides their large experience, had acquired a considerable knowledge of the best methods of caring for the sick. In critical cases, they had watched through long nights with the doctor standing by, and many of the old-fashioned doctors were themselves good nurses. At any rate, it was their custom to stand by those in distress. They knew very little about the nature of diseases, but they knew their patients and how to comfort them. The greatest pains were taken in every family to preserve and hand down every scrap of knowledge of the healing art. And so the scanty bits of information gleaned from the doctors were treasured and passed on as wise sayings for future times of need.

In order to bring more clearly into view this old-time neighbor nursing of New England, let us go back a generation or so and follow one who long

since has rested from her labors. She was herself the mother of a large family and yet ever ready to share the comforts of her home with the less fortunate. By the standards of to-day she would have been a social failure. For she gave no dinner parties, — although guests were welcome at any meal, — and she made no formal calls. Nor had she time to spare in visiting "well" folks. But if she heard of any distress she hurried thither, to offer every assistance in her power. At nightfall she would trudge off alone or, with one of her boys as driver of the old mare and double-wagon, she would ride perhaps for several miles to the hill farm where the poor consumptive lay dying. In her satchel she carried many comforts; black-currant jelly for the parched throat and racking cough, Irish moss to be made into a soothing drink, chicken jelly for a nourishing broth, and perhaps an orange or a lemon.

Her first task would be to persuade the worn-out family to go to bed, and once they were asleep she would tackle the nursing job in right good earnest. Not finding fresh linen, she would wash all she could find of what had been used, and after drying it before the kitchen fire and ironing it smooth, she would be well ready for giving the morning bath. And would the poor sufferer be neglected meanwhile? Not at all. For at every cough or groan she would hasten to the bedside. Under her gentle urging the

broth would be taken and very likely some iced milk besides. Water fresh from the well would be given before it was even asked for. The hot face and hands would be bathed and cooled, and a hot foot-bath given to induce sleep. Were the patient quiet, she would steal in noiselessly as if to guard the slumber. Were the patient restlessly wakeful, she would with soft, sweet voice tell simple stories, or repeat "The Lord is my Shepherd, I shall not want," and the Lord's Prayer.

At early glimmer of dawn, when after fitful sleep her patient awoke in damp discomfort, she would give a cup of hot tea and, in spite of the patient's discouraged unwillingness, she would give the bath. Gently but perseveringly she would put it through, for she would never leave anything unclean. After thorough washing, she would rub the wasted body with sweet oil. She believed in the efficacy of such anointing. And after the mouth and teeth were also cleaned, and the hair beautifully brushed, she would bring in the surprise of the fresh linen. So by the time the family came back to the sick-room every bit of the morning's nursing would have been perfectly done. Perhaps not once would she have been off her feet the long night through. Her only refreshment would have been a cup of tea and now and then a few whiffs of fresh air on the doorstep while watching the stars.

The drive or tramp home would entirely rest her, so she claimed. At any rate, she would attend to her home duties the following day as usual, and after one night's sleep be quite ready for another night of watching. If not there when the end came, she surely would be summoned; for it was the neighbor nurse's place to prepare the dead for burial. Extortionate undertakers and embalmers are modern inventions. And the old-fashioned way was to treat the bodies of the dead with utmost delicacy and tenderness, exactly as if guarding the most sensitive sensibilities.

But we need not dwell longer upon these saddening experiences. For most of the sick recovered under former methods of treatment, as, indeed, they now recover under present methods. And besides the joyfulness of such recoveries, there were then as now the joyous welcomings of new life into the world. Upon such occasions the neighbor nurse we are remembering was superb. Her previous calls upon the expectant mother were not for condolence, but to congratulate and encourage. She used to say that there was a heavenly mother and child companionship that could then be realized by those who made light of their discomforts, and that there was a special safeguarding of those who are willing to be gently led.

Well do her children remember her many a time returning after perhaps several days' absence, not exhausted as would be expected, but exhilarated by having shared a new mother's joy that a child was born into the world. To one of her sons, who she prayed might be a physician, she used to tell how great opportunities a good doctor has at such times of helping where help is sorely needed, and when in later years occasionally he had his own mother as his obstetric nurse, when he realized her unstinted devotion of heart and soul in lending her own splendid strength to the laboring patient's relief, and when he saw her loving radiance in washing and dressing the new-born child, his pride in scientific nursing was modified by his admiration for the old-time neighborly nursing that now, alas, is fast disappearing.

It is, of course, true that no people, no more than any individual, can ever go backward, can ever repeat the past; but that does not involve the sacrifice of one's whole inheritance. It is a thousand pities that modern nurses, instead of scorning old-time nursing as of no possible value, have not sought out and garnered for the use of future nurses all that was known of the art before training schools began.

The first specialization of nursing in New England was, as we have seen, the choice of some in the community, who were by common consent held to be

especially fitted, for such neighborly service. It was left for them to select and teach their successors. The young folks so selected were proud to be asked to assist as night watchers, and thankful to be taught by their experienced elders.

Then another step toward specialization was taken when working-women were induced "to go out nursing" for their living. Only poor widows and spinsters were thus commissioned. Such service at first was only occasional. Between their times of nursing they "took in sewing," or helped at housecleaning, or busied themselves in their own small homes. These women became the professed nurses, the experienced nurses, or, as they now best liked to be called, the untrained nurses. They were entirely different from the wretched hospital nurses who preceded the training schools. Thoroughly respectable and trustworthy they always were, often kind-hearted and hard-working, and sometimes teachable. Many of these untrained nurses are still in active service and doing very good work. Indeed, in only a few of the smaller country towns have modern trained nurses made any headway in displacing these "old-timers," and in the cities they are still the only dependence of moderately well-to-do families; but they are fast passing off the stage. Who will take their place? Who now will learn to do such work as theirs, for such modest wages as they com-

mand? This is a most serious question for sociologists.

As the untrained nurses have been so often maligned, it seems only fitting in this sketch of New England nursing to describe at least one of them as she was known and loved in our neighborhood. Her name was Mary K. Green, and her little gravestone says she died in 1884, aged seventy-three years. She was born in one of the up-country villages of Massachusetts, the oldest of seven children, on a poor farm where it was a hard struggle to get food enough for the family. When Mary was only twelve, her mother died, leaving a baby daughter, Ruth, with five brothers in between. For four years Mary did all the housework for this family. She then started out to earn her own living and to help support the old home. She found work in a farmer's family in Waltham, where she slaved from four in the morning until well into the evening. Besides the ordinary housework, as it now is counted, she had the churning and cheese-making, the poultry-raising and the kitchen-gardening to do. For the first year she had ninepence a week, for the second year a shilling; and then, when she went to live with another family, "Marm Fiske" gave her a silver thimble, which for long years was her most treasured possession.

In her new situation she had an easier time of it. But, besides the ordinary work of the farmhouse,

she had the care of the old grandfather in his dotage, and of many of the little grandchildren who were sent back from their city homes to build up in the country, and she was also often called upon for a few weeks' special service in one after another of the daughters' homes when there was sickness or any extra stress. As the grandchildren grew up and married, she extended her visiting services to their families, and before her labors ended she had cared for many of the great-grandchildren's children. Her service to this one family was thus given to five generations.

All of her scanty wages went to the support of her own family, who continued desperately poor. She provided a small cottage home for her only sister, who for many years was a hopeless consumptive. From the families where she worked she collected all sorts of no longer wanted material, which she always declared would be of use in the old up-country home. At making over worn-out garments she was a past-master. She was never much on style. To her a button was a button, and if she could not find two alike for the garment she was making over, it mattered not; she would make their button-holes of different sizes to fit. She was always in a hurry, in the long days from dawn till dark, and, in winter, from long before light throughout the short

days and long evenings. On Sundays she always went "to meeting" and thoroughly enjoyed it. In her six days of unremitting labor she well earned her sabbath rest. Her religion was of the practical sort — kind to everybody, devoted to the helpless, rigidly honest. A terribly hard worker she was, but a great lover of fun, never overawed by "stuck-up folks," a perfect mine of quaint stories and of good old Yankee common sense.

For the last half of her life Mary Green was an "untrained" nurse. How did she become one, and of what sort was her nursing? During her early years the only nurses were the neighbor nurses already described. Often in the families where she was working she served as an assistant watcher; but it was not until she was of middle age that she was taught the art of nursing. Nor was she in any hurry to undertake this responsibility. But finally she was persuaded to do so by an expectant mother, who promised to teach her what nursing she herself would need, and then to recommend her, and teach her at these cases what nursing was needed for them.

In this way Miss Green, as she then came to be called, was launched upon her nursing career. After her long preparation of helpful service, it was no wonder she soon became a famous nurse. Fortunate, indeed, were the families that found her in their

times of need. For not only would she do the strictly nursing work in tending the patient, but she also delighted in doing the family washing before breakfast, the ironing in the forenoon, and the mending before or after nightfall, with the baby on her lap. Much of the cooking and general housework she would do between-times. The amount of her day's work was astonishing, nor were her patients ever neglected.

While faithful to old doctors whom she knew, and always punctilious in giving the medicine as ordered, she was a terror to the younger physicians, for whom she had little use. To one of them, who incautiously asked, "How is your patient?" her snappy answer was, "That is for you to find out"; and again when he asked if the fine breast bandage he had so proudly applied the day before had proved a comfort, she admitted that she had taken it off directly after he left the house. She "didn't like them things," she added.

For the clinical thermometer and for modern antiseptics she had supreme contempt. Soapsuds were cleansing enough for anybody sick or well, she would say; "and as if any fool ought not to be able to tell without thermometers whether the patient or the chamber were too cold or too warm." It was no use to allow fruit or any other "outlandish diet" to her patients. She believed in gruels and broths, fresh

air and perfect quiet. What she believed in would be given; and nothing else. "If you want any other kind of nursing, get it," was her ultimatum.

Though she died many long years ago, she is still missed, and she deserves a more fitting memorial.

IV

FLORENCE NIGHTINGALE [1]

MAY 12, 1820 — 1920

IN the summer of 1895 I had the rare privilege of an interview with Miss Nightingale. My English friends in the nursing world had told me that there was no possibility of my seeing her, as she would not see even her dearest and oldest friends and was always averse to calls from strangers, especially men. It seemed indeed hopeless; but I wrote to her that, after studying many hospitals and nursing schools including Kaiserswerth, I was much perplexed amid the varying systems and very desirous of her advice.

She replied with a note of introduction to Miss Crossland, the Home Sister at St. Thomas's, who, she said, would give me all the information I wanted. Of course I obeyed. But afterwards I wrote again saying that I had not yet found the guidance that I believed could be given only by one who knew the whole field. Then she very kindly asked me to call upon her at a certain hour.

[1] An address given in Washington, D. C., at the celebration of the hundredth anniversary of her birth.

You may be sure I was at her door on the minute. But I had difficulty in making my cabby drive past Marble Arch, for, as he complained, his friend the bobby who had stopped us had confided to him that the Queen would soon drive by. He was much disgusted with my insistence that instead of waiting he should drive me to Number 10 South Street. Even had he known that was the home of Florence Nightingale, he still would have thought me crazy in sacrificing a sight of Queen Victoria. And yet who can doubt to which of these two famous women belongs the more enduring fame!

Miss Nightingale was half reclining on her couch in the drawing room. I could not help noticing her beautiful fresh complexion and coloring, her silvery hair, her sweet and low-toned voice. But soon I was entirely occupied in answering her questions about her friends in Germany and America. Only occasionally could I get in my questions, and when tea was served, not till after she said that evidently she had not made it to my liking, could I stop to drink it.

I soon found that she was familiar with the status of nursing in this country. "Why are your pupil nurses given so much theoretical instruction?" she asked, nor was she satisfied with my counter question if ever there is danger in a nurse or any one else knowing too much. She spoke rather bitterly of the

modern trend of training schools, of the lack of missionary spirit and of the growing commercialism among nurses. In earlier years the new profession of nursing appealed to the most cultured and devout women but it is not so now, she said.

To my question which of all the different systems of training was nearest her ideal she named the Metropolitan District Nursing Association, which some few years before she had recommended as the model and basis for the Queen's Jubilee Institute for Nurses, where training in home nursing, rather than in hospital nursing, was the essential feature.

She promised to receive and advise any of our nurses we might send to London. I need not add that this promise was made good, nor shall I attempt to describe the benefits so received.

When finally I insisted upon taking my leave she detained me a moment to ask God's blessing upon "our work."

Ever since that day I have been able to understand her visitors' inability afterwards to describe their feelings as they came and went. It was indeed

> As if a door in heaven should be
> Opened and then closed silently.

Were it not for my conviction that every least bit of Florence Nightingale's life and labors ought to be recorded, and that every impression she made upon any of us should be, so far as is possible, shared with

others, I would apologize for what may seem an egotistical story. Moreover, my knowledge of her depends not so much upon this one interview, and the few letters she was so kind as to write me, as upon what her friends have told me. Chief among these was her favorite pupil, Miss Pringle, Mrs. Wardroper's successor as Superintendent of the Nightingale School for Nurses, who afterwards for two years was the Matron of our Waltham Hospital. She brought with her several hundred of Miss Nightingale's letters. After her return to England she was the last visitor admitted to see her "beloved chief," and she was the one nurse especially thanked by Sir Edward Cook for her contributions to his admirable biography.

To say that his *Life of Florence Nightingale* is entirely satisfactory to her friends is enough: no higher praise could be given. And for those who read it there is little need of anything else. Unfortunately, the earlier and entirely unauthorized Life by Sarah A. Tooley, weak and washy as it is, and Strachey's patronizing and coldly brilliant "Florence Nightingale" in his recent *Eminent Victorians* will be more commonly read than Sir Edward Cook's two large volumes, which, by the way, might with great public advantage be abridged into a smaller volume. At any rate, for the inspiration of the nursing world there ought to be available an authoritative history

of Miss Nightingale's nursing leadership. For although all of her marvelously varied activities were under the same high inspiration of serving God in serving His children, and therefore essentially coherent, it is not easy for those especially interested in the nursing profession to appreciate her leadership in reforming the British Army Medical Service or in the sanitation of India. More difficult still is it except for students of theology and philosophy to follow her profound meditations in those realms.

For common folks it is awesome enough to learn of her helpful friendship to Jowett in his interpretation of Plato, of Cardinal Manning's and Dean Stanley's reliance upon her judgment, and of her powerful influence in the government of India. The details and proofs once given, with copious references to bluebooks and to the Letters and Lives of her associates, need not be repeated. The astonished world is now convinced of her versatile preëminence, and Florence Nightingale is already ranked as one of the ablest women of all time.

To-day, when we commemorate the centennial anniversary of her birth, I propose to speak only of her leadership in the profession of nursing and more particularly of her influence in this country.

We used to hear of "born nurses." That still means something although now laughed at. Rightly understood, it means in little girls the early awaken-

ing of what on earth is most heavenly, motherly love. If ever there was a born nurse, certainly Florence Nightingale was one, and the touching stories of her childhood are not needed to prove it. Fond as she was in her girlhood of music and dancing and of all social allurements, for her heart's real satisfaction she would slip away to some sick cottager's bedside. "Tall and willowy, straight and graceful of figure, with thick brown hair and exquisite complexion, if not beautiful she was of elegant and distinguished appearance." That is the picture we have of her from those who knew her in her young womanhood.

Her own estimate of herself, as revealed in her diaries and letters of this period, is most humble. Sloth, irregularity, desultoriness, she names as her besetting temptations, from which she was continually praying for deliverance. Her prayers availed! Always intensely religious, intent upon God's service, she sought her own salvation by saving others.

Among her large circle of relatives she was a true Sister of Mercy. But she longed for wider fields. She increasingly felt that only in a life of nursing or other service to the afflicted could her being find its rightful end and scope. And just as clearly she recognized that if ever she were to have opportunity of doing good work in nursing she must first learn her business.

Here we have the keynote of her character and the explanation of her extraordinary usefulness. Her general education, we must remember, had been carried farther than the college standards of to-day. Proficient in Greek and Latin, perfectly at home also in the French, German and Italian languages, she besides was well up in the natural sciences and in philosophy. She not only had travelled extensively, she also had lived abroad for long periods. During these years she had made visits in several Homes of the Roman Catholic nursing sisterhoods — in Alexandria, Paris, Bruges, Italy — and in Fliedner's Protestant institution at Kaiserswerth. And well she knew the comparative degradation of the nurses in the London hospitals.

Deeply religious as she was, and greatly as she admired the Sisters and the Deaconesses, Florence Nightingale never could have been contented in these orders. Nor is there any support for the tradition that she ever thought of joining them. She saw further ahead. For herself, and then for others, she longed for emancipation from social thraldom. Not that nursing in her estimation was ever separable from true religion, for from the first it was with her always a "calling," but in it she saw glorious opportunity for herself and other women.

This generation cannot easily imagine the difficulties she encountered. But the opposition of her

family can be understood when we read in one of her letters to her father that the head nurse in one of the London hospitals told her "that in the course of her large experience she had never known a nurse who was not drunken, and that there was immoral conduct practised in the very wards." Some of us who remember the pre-training school days need no such foreign testimony. And for my own profession it is equally easy to remember, and to regret, the opposition of the doctors to having noble-minded women in the wards. Very pleasant it is to be reminded that one of the notable exceptions to give her encouragement was our Dr. Samuel Howe, the teacher of Laura Bridgman.

Not until 1851 did Miss Nightingale gain her family's consent to begin serious training for what for many years she had determined should be her life work. She had spent a fortnight in Kaiserswerth the previous summer. Now she applied to be received there as a regular probationer. Good Pastor Fliedner tried to dissuade her. He was afraid of her delicate hands. "You would not want to scrub that corridor floor," he said. Indeed she would, and she did it well. "And it was a very dirty floor, too," as she herself told me, laughing heartily over the story.

Curiously the same test of earnest purpose was likewise passed by Booker Washington, who, after he had been almost refused at Hampton, was al-

lowed to clean a school-room. During that night he swept and dusted it over and over again, until in the morning its cleanness fairly shone and he was accepted.

After three months of training in that small hospital Pastor Fliedner held for her the usual consecration service and dismissed her with his blessing. That was all the regular training Florence Nightingale ever had. The hospital and the nursing in it, as she afterwards said, were crude, but the spirit was there and the tone excellent and admirable. Would that the latter could be said of all our modern hospitals with their palatial appointments!

In these days when at least three years are deemed necessary for a nurse's training, the question arises how could so short a course have been considered enough by one who so fully understood the necessity of thorough preparation. The answer is that before she went to Kaiserswerth she was already a model housekeeper; she knew how to modify the home for the comfort of the sick and suffering; she had acquired sufficient knowledge of anatomy and physiology and hygiene; she knew the history of the art of nursing; and she had intently observed the actual practice of the art in her visits to the famous hospitals of Europe. She knew her lack of technical training and that is what she went there for.

In after years she herself occasionally sent out

pupils from the Nightingale School of Nursing to the hospital matronships, before they had finished the prescribed course, which there as everywhere else is framed to fit not the excellent but the average probationer.

After Kaiserswerth and before the Crimea, Miss Nightingale had a year's service as matron of a small private hospital in London and also a short term of service as a volunteer nurse in the Middlesex Hospital during the cholera epidemic.

As often happens in this world, when great leaders are needed they are found at hand. And then it becomes plain that all their previous lives have been just the right preparation for the exalted service they are called upon to render. This cannot be by mere chance. And if ever in the advance of civilization the providence of God is recognizable, surely we have an illustrious example in Florence Nightingale's fitness for her Crimean service. That she alone was fit for it is shown by the difficulty in finding even a few able to serve as her subordinates. After most diligent search, only thirty-eight nurses could be found in England to go with her, and of these many afterwards proved wholly unworthy.

The story of her going, and of the frightful conditions that confronted her, is too well known to need repetition. An old British General [1] once told me

[1] Sir Alexander Montgomery-Moore.

that as he lay on his cot in the hospital at Scutari they could see across the courtyard the ever increasing pile of amputated legs and arms thrown out from the operating room windows. One day, as they saw the ghastly mass being carried off in an army mule cart, the wounded officer next him said, "I believe that English nurse has come." And so she had, that very day. But it was not that pile of rotting flesh, nor the vermin, nor the corpses she found chucked under the beds to make room for incoming patients, much less was it the lack of utensils, of beds, of clothing, or of sufficient food that proved to be her greatest obstacle. That was found rather in the opposition of the surgeons and commissaries, bound up as they were by red tape and army traditions. And yet she triumphed.

Doubtless her influence over brutal officers, and over the common soldiers (from whom in her long experience, as she afterwards testified, she had never heard an offensive word), was partly owing to her charming womanliness, which was only enhanced by advancing years. But the real secret of her extraordinary mastery over others was in her own complete self-mastery.

Miss Pringle heard from an eye witness of the scene, how one day as Miss Nightingale was carrying across the courtyard a can of arrowroot an officer rode to meet her and angrily demanded what

right she had to touch those stores. She deigned no answer, but, putting down the heavy can, she looked him straight in the eye until he, abashed, turned his horse and rode off. Then she quietly lifted her load and went her way.

Another distinguishing trait of Florence Nightingale's character was her eagerness to learn. She always found out what others knew before venturing to tell them what she knew, which accounts for her continued accumulation of knowledge. Thus during her two years in the Crimean campaign, as an apt learner from M. Soyer, she became an expert dietitian. And, from the Sanitary Commission, sent out at her request from England, she learned the principles and practice of modern sanitation. But this passion for knowledge was most discriminating. She wanted to learn only what could be utilized in the service of mankind, and that, too, only in her own special line. She never lost sight of, nor did she ever swerve from following, her ideals. This singleness of purpose, and her energy in its execution, largely explains her powerful leadership.

Florence Nightingale herself held that nursing was the least important of the functions into which she had been forced in the Crimean War. As purveyor, commissary, hospital administrator, sanitary inspector, and instigator of all sorts of reforms, it is true she had gone far beyond the simple nursing

superintendence that had been expected of her. In establishing coffee houses, schools, recreation halls, reading rooms, money order and home communication agencies for the soldiers, and, for their wives and other female camp followers, laundries and sewing rooms where they could earn an honest living, she went so far ahead that only in the last great war have we caught up with her.

That the death rate in the Crimean hospitals fell from 420 to 22 per thousand in her first six months there is of course partly due to the elapse of time since the great battles of Alma, Balaclava and Inkerman, in the autumn of 1854, and also to the advent of spring, as well as to the reforms she instituted. But that does not diminish the credit due her for stopping the needless deaths of thousands. Nor can there be any question of her right to the preëminence as a nurse that the world has accorded to her. The testimony in her favor from the patients she served is overwhelming. How, with patients numbered by the thousand, and with four miles of corridors between the beds, she could manage to be present at most of the capital operations and at the death-beds is almost unbelievable. But it is easy to believe that she often was on duty twenty hours on the stretch and that she hardly stopped for snatches of food; neither is it any wonder that she herself nearly died of the Crimean fever nor that when the

soldier patients believed her to be dying they turned their faces to the wall and cried.

Some of the letters sent home by the poor soldiers became famous. Here is one: "What a comfort it was to see her pass even. She would speak to one and nod and smile to as many more; but she could not do it to all, you know. We lay there by hundreds; but we could kiss her shadow as it fell, and lay our heads on the pillow again, content." And still another: "Before she came, there was cussin' and swearin', but after that it was holy as a church."

These letters and the following letter from the Commissioner of the *Times* fund were the foundation of Longfellow's "Santa Filomena." "Wherever there is disease in its most dangerous form and the hand of the despoiler distressingly nigh, there is that incomparable woman sure to be seen. Her benignant presence is an influence for good comfort, even amid the struggles of expiring nature. She is a 'ministering angel' without any exaggeration in these hospitals, and, as her slender form glides quietly along each corridor, every poor fellow's face softens with gratitude at the sight of her. When all the medical officers have retired for the night and silence and darkness have settled down upon these miles of prostrate sick, she may be observed alone, with a little lamp in her hand, making her solitary rounds."

Lo! in that house of misery
A lady with a lamp I see
  Pass through the glimmering gloom,
  And flit from room to room.

And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
  Her shadow, as it falls
  Upon the darkening walls.

As if a door in heaven should be
Opened and then closed silently,
  The vision came and went,
  The light shone and was spent.

On England's annals, through the long
Hereafter of her speech and song,
  That light its rays shall cast
  From portals of the past.

A lady with a lamp shall stand
In the great history of the land,
  A noble type of good
  Heroic womanhood.

Great as was Florence Nightingale's immediate service in nursing the sick and wounded soldiers in the Crimean War, in reforming hospitals and in so saving thousands of lives, her still greater service was for the future, in showing the way to a new and high calling for women, in opening for them a new profession, a new sphere of usefulness. It is for this glorious achievement that she richly deserves her immortal fame.

After her return to England in 1856 she allowed herself only a few weeks' rest. Her invalidism then, as often afterwards, was largely a fiction, a convenient screen that allowed her to shrink from the adoring public and at the same time to continue her great work for the health of the army. Thus, while supposed to be lying on her bed in painful exhaustion, she was visiting the Queen, writing exhaustive reports and forcing the British government to sanitary reforms.

While so occupied during the four following years she by no means forgot her main purpose of advancing the profession of nursing. Her *Notes on Nursing*, first published in December, 1859, was at once recognized as an epoch-maker. The whole world was thrilled by it: nor has it ever been surpassed. Our first American training schools made it their Bible.

Doubtful of her strength for undertaking the management of the "Nightingale Fund," she begged the trustees to do with it whatsoever they pleased; but they wisely insisted that this great tribute from the people, amounting to £44,000, which she had devoted to an "Institution for the training, sustenance and protection of Nurses and Hospital attendants," should be utilized only under her directing influence. Somewhat reluctantly she undertook the task, and the Nightingale School for Nurses was opened at St. Thomas's Hospital, June 24, 1860.

This was the first English school for lay nurses, and it has had the greatest influence. But it must not be forgotten that the training of nurses began long before. Fliedner's School at Kaiserswerth was already in its twenty-fifth year, and the Gasparins had started their school at La Source in Lausanne the year before. Neither of these schools, it is true, was unsectarian, nor indeed was the Nightingale School, which even a quarter century later dismissed its efficient superintendent when she joined the Roman communion. Moreover, St. Thomas's Hospital was chosen for affiliation because its matron, Mrs. Wardroper, was already an eminent teacher of nursing. And what of Miss Nightingale's own previous service in training the nurses she had in the Crimea, can there be any question of the worth of their training?

The distinctive advance made by the Nightingale School was due to its independence. From the first its liberal endowment has allowed it to hold fast its educational ideals. And there it has been proved that the best nursing service in a hospital can be given by pupil nurses of a school that has for its main purpose their education, and not the pecuniary advantage of the hospital. No one has ever seen this fact more clearly than Miss Nightingale herself, and the early training schools in this country, which followed her advice, were established on this basis.

That more than ten years elapsed, including the years of our great Civil War, before we in this country began our imitation of the Nightingale School for Nurses is at least partially explained by our estrangement from Great Britain during those years. While Miss Nightingale was in the employ of the War Office in organizing army hospital units for the contemplated invasion of our northern states by way of Canada it was natural enough that we should not try to withdraw her attention to our domestic problems. Not until the era of good feeling following the arbitration of the Alabama claims did we ask any favors from England. Then we began applying for Miss Nightingale's advice.

Just what was her influence in the establishment of American trained nursing? No complete answer can be given, for her influence, direct and indirect, was world-wide; but nevertheless there are some definite contributions for which Americans must forever be grateful. There can be no doubt that the school Dr. Susan Dimock started in 1871, which certainly was the earliest training school in America, was in accordance with what she had learned at Kaiserswerth and from Miss Nightingale. But, owing to the tragic early death of this brilliant young Southerner, there is left only most scanty record of this indebtedness.

The first definitely recorded help given by Miss

Nightingale to proposed American schools of nursing can be found in the First Report of the Committee on Hospitals of the New York State Charities Aid Association, dated December 23, 1872. Dr. W. Gill Wylie, a member of this committee, spent three months in England and on the Continent, studying systems of nursing as practised in the schools and hospitals of those countries. Upon his return he reported in detail upon the school at St. Thomas's. He did not succeed in seeing Miss Nightingale, who at that time was overwhelmed by family affliction, but he brought back from her a wonderful letter that ought never to be forgotten. Here are some extracts from it:

I wish your Association Godspeed, with all my heart and soul, in their task of reform, and will gladly, if I can, answer any question you may think it worth while to ask.

You say, "The greatest difficulty will be to define the instructions, the duties, and the position of the nurses, in distinction from those of medical men," and you are "anxious to get my views in relation to this subject."

Is this a difficulty? . . . Nurses are not "medical men!" On the contrary, the nurses are there, and solely there, to carry out the orders of the medical and surgical staff, including, of course, the whole practice of cleanliness, fresh air, diet, etc. The whole organization of discipline to which the nurses must be subjected is for the sole purpose of enabling the nurse to carry out, intelligently and faithfully, such orders and such duties as constitute the whole practice of nursing. They are in no sense medical men. Their duties can never clash with the medical duties. Their whole training is to enable them to un-

derstand how best to carry out medical and surgical orders, including (as above) the whole art of cleanliness, ventilation, food, etc., etc., and the reason why this is to be done this way and not that way.

And for this very purpose — that is, in order that they may be competent to execute medical directions — to be nurses and not doctors — they must be, for discipline and internal management, entirely under a woman, a trained superintendent, whose whole business is to see that the nursing duties are performed according to this standard. For this purpose may I say:

1. That the nursing of hospitals, including the carrying out of medical officers' orders, must be done to the satisfaction of the medical officers, whose orders regarding the sick are to be carried out. And we may depend upon it that the highly trained intelligent nurse and cultivated moral woman, will do this better than the ignorant, stupid woman, for ignorance is always headstrong.

2. That all desired changes, reprimands, etc., etc., in the nursing and for the nurses, should be referred by medical officers, to the superintendent.

That rules which make the matron (superintendent) and nurses responsible to the house surgeons, or medical and surgical staffs, except in the sense of carrying out current medical orders, above insisted on, are always found fatal to nursing discipline.

That if the medical officers have fault to find, it is bad policy for them to reprimand the nurses themselves. The medical staff must carry all considerable complaints to the matron; the current complaints, as, for instance, if a patient has been neglected, or an order mistaken, to the ward "sister," or the head nurse, who must always accompany the medical officer in his visits, receive his orders, and be responsible for their being carried out.

All considerable complaint against a head nurse, or "Sister," to go, of course, to the matron.

3. All discipline must be, of course, under the matron (superintendent) and ward "Sisters," otherwise nursing is impossible.

And here I should add that, unless there is, so to speak, a hierarchy of women, as thus —

Matron or Superintendent
Sisters or Head Nurses,
Assistant or Night Nurses,
Ward Maids or Scrubbers,

or whatever other grades are, locally, considered more appropriate, discipline becomes impossible.

In this hierarchy the higher grades ought always to know the duties of the lower better than the lower grade does itself. And so on to the head. Otherwise, how will they be able to train? "Moral influence" alone will not make a good trainer. . .

After receiving Dr. Wylie's report it was natural that the committee formed to start a training school for nurses in connection with the Bellevue Hospital should accept Miss Nightingale's advice and adopt her rules for nurses as the foundation of the school. New Haven did likewise. And when the Massachusetts General Hospital School was in process of formation the corporation formed for that purpose began by sending for Dr. Wylie's Report. But these great schools, so well begun, in later years surrendered their charters, and also all prospect of further endowments, to the hospitals with which they were connected. Their educational independence was thus sacrificed.

The loss of what ought to have been recognized as

the indispensable foundation of schools of nursing as well as of all other schools, has been and still is the main obstacle in the advance of the profession of nursing. And until such independence is regained and the training schools are either properly endowed or supported from the public funds there is small chance for their improvement.

Hospital-owned training schools, which during the last half century in this country have come to be numbered by thousands, have been of enormous advantage to the hospitals, which not only thus have had almost gratuitous nursing service, but also with the incoming of large successive classes of ambitious young women, have had their sorely needed redemption. Fifty years ago some of the nursing in the Bellevue Hospital, for instance, was by drunken prostitutes who in the Police Court were given the option of going to prison or to hospital service. No wonder they were often found in drunken sleep under the beds of their dead patients whose liquor they had stolen. Nor need we go back fifty years for equally awful examples. It is not yet twenty years since the matron of a large almshouse hospital complained to me of being obliged, in order to hold her position, to give diplomas to the nurses whom she discharged for gross immorality.

That such frightful conditions no longer exist in this country is most largely due to the crusade be-

gun by Florence Nightingale. It was she who sent Agnes Jones to the almshouse infirmary of Liverpool, "Una among the Lions," where was demonstrated the power of noble womanhood over vice enthroned. Nor was it only in selecting the right nurses to send to the different outposts that she was the incomparable leader of the crusade, for she afterwards kept in closest touch with them, ever ready to hear of their battles, to sympathize with their hardships and to glory in their triumphs. She well deserved to be called by them their "beloved chief."

This mighty work of hospital redemption, now so nearly accomplished in all civilized countries, so appealed to chivalrous women that there seemed no end to the stream of incoming probationers. That the great leader herself was so noble, so cultured and so richly endowed was not without effect in winning the assent of fond parents for their daughters' enlistment. Moreover, the new profession that was thus opened was at first almost the only pathway by which ambitious young women could win their independence. The educational and pecuniary inducements in the early years were also not so comparatively small as now.

And yet a quarter-century ago Miss Nightingale was lamenting that, whereas at first only noblest motives impelled women of the rarest character to

enter the training schools, by that time far less worthy motives were predominant in the crowds of applying probationers. She was puzzled by this as well as saddened.

In the later development of the nursing profession, it must be regretfully acknowledged, Florence Nightingale's leadership was largely lost. Her old pupils of course were her faithful followers to the last. And also many in this country, who had had only the inspiration that came from brief visits and from her occasional messages, never swerved in their allegiance. But the thousands who knew her not have followed other leaders. Such perhaps is the inevitable fate of those who so long outlive their own generation.

It could hardly have been expected that one always so determined would in her old age be easily converted to the opinions of others. But it is pitiful that Miss Nightingale, after her long years of undisputed leadership in the nursing world, should not have been saved from the bitter contest that arose in England over the proposed registration of nurses. She could not have taken much comfort in her success in blocking that movement, for it resulted in the division of British nurses into two hostile camps. Just as the modern architects ridiculed her fixed ideas regarding hospital architecture, so many of the modern nurses did not hesitate to call her a back

number. That, in the opinion of her friends, was not much worse than the condescending tolerance of her opinions in this country.

Had Miss Nightingale and her disciples accepted the fact that, in the evolution of nursing, the training schools were being swallowed by the hospitals, they perhaps would not have clung so persistently to their preference for the continued watchfulness over nurses by the schools from which they were graduated. For, when the education of their pupils for subsequent service was at best only a secondary object of such schools, it could not be expected either that they would look after their graduates or, if they did, that the nurses themselves would relish such guardianship.

The fact is that this beautiful feature of the deaconess schools and of the Catholic Homes, both Roman and Anglican, in which Miss Nightingale herself was trained, belongs to the past. The same separation that nearly a thousand years ago occurred between the clerical and the medical professions has in these later years come between the professedly religious and the unsectarian lay schools of nursing.

Chapels and chaplains, for the inspiration and consecration of pupil nurses to the service of God in serving his afflicted children, are no longer considered necessary. Mother Houses to which worn-out nurses can return are not even thought of by modern schools.

In this radical departure of the training schools from Miss Nightingale's ideals, as exemplified in the School at St. Thomas's, there may have been some gain. There certainly has been distinct loss. The hospital ownership of the training schools is the main cause of the graduates' lack of interest in the welfare of their schools. Loyalty to their hospital is a poor substitute for devotion to their Alma Mater.

So long as the hospital training schools had only to pick their probationers from long waiting lists of applicants little attention was paid to the drift of the schools away from educational ideals. The immediate usefulness of the pupil nurses was the paramount consideration: their fitness for subsequent service was a secondary matter. Few appreciated the significance of the fact that practically none of the thousands of yearly graduates from the colleges were coming to the training schools. But now, when throughout the country there is such a serious shortage of applicants, and when graduate nurses are advising their younger sisters not to follow in their footsteps, the question is being anxiously asked what can be done to make the training schools more attractive.

Professional as well as personal dissatisfaction with present conditions is a hopeful sign. Searching examination into the causes of failure naturally follows. And, although real advance is not obtain-

able by attempts to repeat past conditions, much help can be found in the rediscovery of the guiding principles of previous successful leadership.

Centennial commemorations of great leaders may thus be very useful. And, in this somewhat discouraging era for those who long for renewed advance in the profession of nursing, there is great hope in the present revival of interest in the lifework of Florence Nightingale.

V

ANGELIQUE LUCILLE PRINGLE[1]

WE are assembled this evening in commemoration of a great Matron, a wonderful woman, a beloved friend. Owing to a delay in receiving the tidings, we have only this week learned of Miss Pringle's death, in her home in Musselburgh, Scotland, on the twenty-ninth of last February. We had no warning. In her letters of a few months ago she was as cheery as ever, although lamenting that with advancing years she was no longer able for active service. But we now hear that she had been in failing health since the summer and that before her release there were some six weeks of pain and distress which, as her sister tells us, "she bore without a murmur, but with sweetness and patience, thinking of others all through; and when earthly things became dim, the lamp of her love and faith shone softly and steadfastly."

Fifteen years ago this very week Miss Pringle came here to take charge of our hospital. She came promising to stay for only one year but was prevailed upon to stay two years. Many of you know

[1] An address at a memorial service held in Waltham, April 9, 1920.

why and how she came but you will bear with me if, for those who know of her matronship only by tradition, I again tell the story.

In 1904, with Mrs. Worcester, Miss Macleod and Miss DeVeber, I was visiting hospitals and nursing schools abroad. After studying them in Holland and Germany, Switzerland and England, we finally in Edinburgh were searching for the sources of inspiration of the famous Scottish schools. "You must see Dr. Joseph Bell. He can tell you all about everything" was what we heard wherever we went; and certainly he was an extraordinary genius. We could easily believe Conan Doyle had had to admit that Sherlock Holmes was Joseph Bell, for before ever we got anything out of him, he had pumped out of us all about our Waltham needs. Then he told us that if we wanted to get for our hospital and for our nurses the real Nightingale spirit, there was just one woman who could bring it to us. He told us how, thirty odd years earlier, when he was yearning for the higher development of the Royal Infirmary, he had appealed to Florence Nightingale, and how she had sent to them from the School at St. Thomas's one of the young sisters (head nurses, we call them) who afterwards more than fulfilled his fondest hopes and expectations.

One of the managers of the Royal Infirmary, Sir James Affleet, in his tribute in "The Scotsman,"

says of those early days — "Miss Pringle's position as Lady Superintendent of Nurses was not without its difficulties, since it meant the change from an old to a new system and the replacing of many old and valued workers by new and thoroughly trained ones. This difficulty was met by her with skill, tact, and kindness which won the admiration of every-one acquainted with the circumstances. With mental powers of a high order, Miss Pringle combined the qualities of good sense, sympathy, discernment of character, and firmness united with gentleness, which won the respect and affection and secured the loyal obedience of all those associated with her in her work. She proved an ideal matron."

There can be no doubt not only that during the fifteen years of her service in the Royal Infirmary Miss Pringle established the high standards of that famous school of nursing, but also that, through her successors there and others of her pupils who afterwards were in charge of great schools, her own high ideals became the inspiration of Scottish nursing. She herself would never have admitted that she had done more than to introduce the ideals of Miss Nightingale, by whom, as Sir James relates, she was especially beloved. And this no doubt is partly true. For, besides having been her favorite pupil, Miss Pringle continued to receive constant coaching from her chief. As I happen to know, she

brought to Waltham some two hundred letters from Florence Nightingale, which, after re-reading here, she destroyed, because, as she said, they were altogether too personal for others ever to see.

When the first chief of the Nightingale School at St. Thomas's, Mrs. Wardroper, died, Miss Nightingale insisted that Miss Pringle should be given that position. The managers of the Royal Infirmary were very loath to release her, but felt under such indebtedness to Miss Nightingale, who, it may be remarked, was accustomed to having her own way, that they had to assent.

This transfer proved to be a far from happy experience. For during the few following years Miss Pringle became a Roman Catholic and so could no longer retain a position as the chief of an institution where those of her faith were not admitted even as pupil nurses. In telling this story Joseph Bell bitterly said, "Had she become even a Mohammedan the Royal Infirmary would not have dismissed Miss Pringle."

Great as the loss must then have seemed in the case both of the Royal Infirmary and of St. Thomas's, it was lessened by the fact that in both hospitals Miss Pringle's former assistants proved in their turn to be her most worthy successors. Miss Spencer of the Infirmary was an especial friend, in whose long term of service it was easy to recognize

the continuity of Miss Pringle's ideals and methods. Herein we have another example of what is so often shown in this fast changing world, that great advances are not dependent upon particular persons. "Their works do follow them."

Nor, as it proved, was this by any means the end of Miss Pringle's career as a teacher of the new nursing that Florence Nightingale had brought to England. Indeed, her previous long service as a permanent Superintendent of Nurses can now be seen to have been only a wonderful preparation for her further and far wider service in carrying forward the nursing reformation. Moreover, in joining the Roman communion Miss Pringle with all her heart and soul accepted in full that the highest inspiration of nursing is ever to be found in the fact that it is distinctly a Christian inheritance, and that from Saint Paul's commendation of Phebe down through the long ages the occupation of nursing has been one of the recognized functions of the Christian Church. Willing as she was to give to the School at Kaiserswerth full credit for much of Miss Nightingale's training, she always insisted that it was from the Roman Catholic Sisters in Paris and in Bruges that her honored and beloved chief had learned the essential spirit of nursing, the love of service in Christ's name to the sick and suffering, which alone inspires the nurse to absolute forgetfulness of self.

But Miss Pringle also never forgot that modern nursing is founded upon the great advance made during the last third of the nineteenth century in medical science. Even had her mentality not been extraordinary, as chief nurse under Lord Lister and a witness of the results of his wonderful discovery of asepsis, she afterwards never could have under-rated, as it must be admitted Miss Nightingale did, the importance of this foundation of a nurse's training.

Very naturally, therefore, after leaving St. Thomas's she was not content with the kind of nursing then obtainable in the Roman Catholic Sisterhoods, where in all other respects she found such congenial refuge. And accordingly it was not long before she was again in active service in one after another of the almshouse hospitals of Ireland, where she taught the devoted Sisters in charge the principles of modern nursing. This is the kind of work that brings neither fame nor earthly reward. That was never what Miss Pringle worked for or wanted. But who can measure the beneficence to Ireland and Italy, to Australia and India, that has resulted from such truly missionary service!

I need not remind those of you who knew her well how hard it was to extract from Miss Pringle herself more than the barest outline of her varied and very extended nursing career. How surely she would have deprecated our attempts to give even this

sketch of her life work! Was there ever a more humble and modest woman, a kinder hearted or a more efficient worker for the relief of human suffering?

After hearing Joseph Bell's estimate of Miss Pringle and some part of what I have now related, following his advice I telegraphed to London asking for an appointment. She was then visiting in a Sisters' Home and almost in retirement. It was not easy to find her. Nor was she easily persuaded even to consider going to America. A still greater difficulty was her unwillingness to work except with Roman Catholics. Nor could that be wondered at, remembering her experience in St. Thomas's. She could not understand my assertion that in our School of Nursing and our Hospital at Waltham there had never been the slightest friction or discrimination between Catholics and Protestants. It was very fortunate for my argument that I could tell her that the President of the Trustees was a Catholic and that Father Brosnahan of St. Mary's always had been one of our heartiest supporters. Very right was I in my prediction that in both of these gentlemen she would find, as I had found, most steadfast friends. To my great satisfaction before taking my leave, she finally agreed to consider any request that might in future come from Waltham.

Soon after my report was made here, Miss Pringle was urged by the trustees of the Waltham Hospital to accept the matronship, and, as I have already said, in the following spring she came.

In the reports of the Hospital and of the Training School may be found our attempts to describe the benefits she brought us. In spite of her homely old-fashioned ways, it was easy for our young nurses, who naturally were somewhat resentful of many curtailments of their accustomed privileges, to recognize her inflexible devotion to duty, her great lovingkindness, and her genuine interest in their truest welfare. She called out the best in every one of us, trustees, doctors, nurses and servants. We all learned to appreciate the dignity belonging to the immense responsibility of the matronship. Her unfailing tact in pointing out our deficiencies remains in my memory as most extraordinary, for our ways were not like hers and very crude many of them must have seemed to her. But the greatest lesson she taught was not by words but by example. Of her devotion to each and every patient, of her sympathy with their anxious or grieving families, my testimony is not needed; your presence here this evening in her commemoration, reviving in your hearts most tender memories, is more eloquent than any words. As her sister in this sad letter says "she was much beloved and human hearts were always very dear to her."

In the thirteen years since she left Waltham Miss Pringle has kept on working. Her regular letters, which many of us henceforth will sorely miss, were always asking after her friends here and sorrowing with us as one after another has been called Home, but for herself they were always full of the joy of service. All through this last great war she has had charge of sick and wounded soldiers brought back either to die or to convalesce in their and her dear Scotland. How she rejoiced in the battles' ending, how she hoped for lasting peace on earth — among men of good will!

Thankful for her we all are that in her last days she had the comforts of her own beloved sister's home and tender nursing, and that after long years of labor she has at last her well-earned rest.

Fear no more the heat of the sun
Nor the furious Winter's rages;
Thou thy worldly task hast done,
Home art gone and ta'en thy wages.

VI

THE BARONESS VON OLNHAUSEN [1]

MARY PHINNEY was born just north of the Waltham-Lexington line February 3, 1818. She went to the old Kite End School, and afterwards to the Smith Academy in Waltham. Like Florence Nightingale, she knew every flower and insect and bird that could be found on the farm and in the woods. Like her, too, she was the first-aid nurse for injured animals and neighbors. She lived until past thirty in the midst of plenty. But after her father's death, when his farm had to be sold and she was obliged to earn her own living, her artistic talent served her well. She became a designer of calicoes in a New Hampshire cotton factory. There she met a group of German republicans who, after the unsuccessful revolution in 1848, had been forced to leave their country. Among them was the Baron von Olnhausen, whom she married in 1858. Theodore Parker said he was one of the most learned men he ever met. And Dr. Henry Ingersoll Bowditch described him as of serene and charming nature.

[1] An address to the graduating class of the Waltham Training School for Nurses, June 25, 1919.

He lived only two years after their marriage. And again Mary Phinney, now the Baroness von Olnhausen, was thrown upon her own resources. For two years she slaved for her poor brother and his sickly family on an Illinois farm. In 1862, she volunteered as one of Dorothy Dix's war nurses. That was the beginning of her glorious career.

In *Adventures of An Army Nurse*, her nephew, James Phinney Munroe, gives us extracts from her diary and letters which vividly describe the tremendous obstacles that she surmounted. The hostility of the surgeons, the dishonesty and the inefficiency as well as the enmity of the hospital stewards, the awful lack of proper nourishment and materials would have conquered a less heroic soul.

Americans had profited nothing from the victory of Miss Nightingale over similar obstacles in the Crimean War. Not for ten years after the success of the Nightingale School of Nursing in England did we even attempt in this country the proper training of nurses. But in this great reform the Baroness von Olnhausen had no part. In fact, she was displaced by it. When I was in college and first visited the Massachusetts General Hospital, as was the custom of students who were intending to enter the medical school, she was the superintendent of nurses. Miss Linda Richards, her successor, gives in her Reminiscences a graphic description of the nursing con-

ditions there when she took charge. One illustration will suffice. Under the Baroness, the head nurses served only for one day. Then they went back into the diet kitchens for a day; then to the washing and rolling of bandages; the next day they served as night watchers; then as juniors in the wards; and, after a week of such rotation, they had another twenty-four hours of head nurseship. No wonder there was confusion instead of effective team work. And yet, as I hope to show, Mary Phinney was one of the greatest nurses America has ever produced. She asked nothing of her subordinates that she herself would not willingly have done. In her estimate, all the different services were of equal importance for the welfare of her patients, which was ever her first and only consideration. Indeed, her devotion was so intense that it is safe to say no nurse who has ever lived, not even Florence Nightingale herself, was more beloved by her patients.

By contrasting the great services of these two noble women, the difference between old-time and modern nursing is made plain. Miss Nightingale was not only far better educated, she was also one of the world's greatest organizers. She first brought the British war office to adopt her reorganization of army nursing; then she reformed the pauper hospitals of England, and finally the public hospitals of the whole civilized world, by the influence of the

nursing school she established and guided at St. Thomas's. The secret of her great power in effecting these reforms is to be found in the fact that, before beginning her life work, she herself was thoroughly trained in the nursing schools of the Roman Catholics in Paris and Bruges and also in the Lutheran School at Kaiserswerth.

Mary Phinney, on the other hand, was absolutely untrained, and she was also wholly ignorant of the history of nursing and of the great traditions of the European schools. She was not an organizer. And she was a poor executive. Not disciplined herself, she could not discipline others. Only when surrounded by willing workers, somewhat like herself in their devotion, was any team work possible for her.

As her biographer well says of that stage in her career, "her breezy cheeriness, her kind words to every patient, her untiring efforts to keep them buoyed up and entertained, were as conspicuous as was her scrupulous attention to cleanliness and her wonderful skill in the treatment of wounds." That is a good description of excellent nursing, whether of the past or of the present. No wonder she was beloved by her patients.

But you will now be asking, how did she acquire this wonderful skill of hand, and this power to bring her heart into such effective action? This is the

answer: she worked with tremendous will at every task she undertook; she aimed high — at perfection. Without thought of self, she gave forth her best; and the best of every woman is her motherliness.

When she began her Army Nursing in the Mansion House at Alexandria no room was provided for her, and only occasionally could she find a chance to sleep on the floor of another nurse's chamber. Dorothy Dix's volunteer nurses, women of distinctly the better class, were not wanted by the surgeons. They tried in every way to freeze them out. But her good heart and untiring zeal soon won their respect, and in six months she was trusted to put up in splints even the worst compound fractures. Indeed, she had this to do for one of the surgeons who came back wounded. He demanded that she should do it, and his surgeon comrades looked on admiringly. In one of her letters she speaks of the young Major Henry L. Higginson as one of her patients. Often days went by with no visits from any surgeon to her ward. Before her first year was passed she nearly died of epidemic dysentery, but by September of 1863 she was again on duty as chief nurse of an Army Hospital at Morehead City, N. C. Here, besides the old obstacles of insufficient supplies, she had the refugee negroes to contend with. In the following year came the yellow fever of which the surgeon-in-chief died, in spite of her unremitting

care. Soon she, too, was stricken and nearly died. But as soon as able she returned to her post.

"Two hundred wounded just arrived," she writes in her diary, "and I the only wound-dresser in the ward." And in a letter to her friends she wrote: "Perhaps you will be glad to know that the medical director of the Department of North Carolina sent me word that his nine surgeons, after examining those wounds, said they had never seen wounds so well dressed and such bad wounds so soon getting well; and for himself he said I was the best wound-dresser in the country." And later she writes: "We have not lost a man, though we had such terrible cases."

No wonder that the chief surgeon's testimonial was heartily endorsed by the Medical Director. This is what he said: "Not one of the nurses whom I have known or heard of is better entitled to eminent and substantial notice than is Mrs. Mary von Olnhausen of Lexington — her whole soul has been in the work. She very early acquired a marvelous dexterity in the management of the wounded. Thus, with her wonderful physical endurance, she was able to do more good than any nurse I ever knew. Soldiers who owe their lives to her care and skilful attention are scattered, now, over nearly all the Northern States. They will remember her with gratitude. I presume that is all she will wish for."

The surgeon was right in his presumption. For, as he said, she was ambitious for neither fame nor notoriety. And, as soon as the war was over, back she went to the Illinois farm to drudge for her poor brother and his now motherless children. This she did for five years.

But when the Franco-Prussian War began in 1870, she seemed to hear from afar the cries of the wounded. Go she must, and armed with highest credentials from our Governor and Surgeon-General, and with strongest possible recommendations from the American Association for Relief of Misery of Battle Fields (the precursor of our American Red Cross), Mary von Olnhausen, now fifty-two years old, went to Germany. It must be remembered that fifty years ago American as well as English sympathies were almost entirely with Prussia. Louis Napoleon was our *bête noire*.

Most unfortunately she lost her trunk and her credentials, and so for several months she could not find work or even get near the front. A less dauntless soul would have given up in despair. But, for her, obstacles were always surmountable. And soon her diary tells us of hard journeys in army wagons in Château Thierry, Rheims, Neaux Lagny and Epernay, Corbeil and Orleans. How familiar sound these places now and how familiar, too, her descriptions of war destructions! Unable at first to speak either

German or French, crowded out by the Catholic sisters or Protestant deaconesses, and even by the English nurses, it was only when she chanced upon the Knights of St. John — of the old order of Knights Hospitalers — that she found work in the Hospice at Vendôme. There for two months she had her hands full. Besides the wounded, there were typhoid and smallpox cases to care for. And worst of all, before the patients were fit to leave their beds, came the orders to move them back into Germany, as the army was evacuating France. That was a terrible journey — and after it Mary von Olnhausen's war service was ended. The Iron Cross and the Order of Merit which she won, and the testimonials given her by the German war office, were not rated then as now. After her two years' stay with her husband's sister in their ancestral Saxon home, she came back to America, our most honored war nurse. Then it was that for a year or two she had charge of the Nursing Service in the Massachusetts General Hospital, which I have already described.

For several years afterwards she was the Superintendent of a Maternity Asylum on Staten Island. That was a happier and more successful service. But she finally came into conflict with the managers, and her nursing career was finished.

She then, in her indomitable independence, was

unwilling to accept even the hospitality of her near relatives, and began working at embroidery. Again her artistic talent served her in good stead. For in this, as in everything else, she succeeded. Her work was exquisite, and she was most happy in it until she died of an apoplexy, in Boston, April 12, 1902.

Her body in its flag-draped coffin lies buried in Mount Auburn. But nurses and all who pray for the advance of the Art of Nursing never ought to forget the great soul of Mary Phinney, the Baroness von Olnhausen.

VII

THE FIRST AMERICAN TRAINING SCHOOL[1]

THIS is a notable occasion. Fiftieth anniversaries, whether of persons or of institutions, are always interesting. But to-day we celebrate no ordinary event.

Among the many beneficent services rendered by the New England Hospital for Women and Children, the most noteworthy is the establishment here of the first American training school for nurses, in September, 1872. Other hospitals preceded this in the "treatment of the diseases of women and children and in giving clinical instruction to female students of medicine," as two of the three purposes of this Hospital are stated in its Act of Incorporation. But in the third purpose, as stated in this same Act, that "of training nurses," this Hospital has absolute priority.

For, although nine years intervened between the acceptance of the Act of Incorporation and the

[1] An Address at the Celebration of the Fiftieth Anniversary of the Establishment of the Training School for Nurses at the New England Hospital for Women and Children, October 31, 1922.

establishment of their training school, this purpose was kept steadily in view by the noble company of women who founded this Hospital and guided its early development. And as soon as a building was secured, suitable for the enterprise, this training school was begun.

In the Annual Report for the year ending September 30, 1872, the secretary, Mrs. Ednah D. Cheney, says regarding the Education of Nurses: "In order more fully to carry out our purpose of fitting women thoroughly for the profession of nursing, we have made the following arrangements:

> Young women of suitable acquirements and character will be admitted to the Hospital as school nurses for one year. This year will be divided into four periods; three months will be given respectively to the practical study of nursing, in the medical, surgical and maternity wards, and night nursing. Here the pupil will aid the head nurse in all the care and work of the wards under the direction of the attending and resident physicians and medical students. A course of lectures will be given to nurses at the hospital by the physicians connected with the institution, beginning on January 21, 1873. . . . Certificates will be given to such nurses as have satisfactorily passed a year in practical training in this hospital.

And in the same report, Dr. Lucy E. Sewall says:

> Our plan is to take them in for one year, training them thoroughly, theoretically and practically; teaching them medical, surgical and confinement nursing. At the end of the year, if we are satisfied with their behavior and their knowledge, we shall give them certificates signed by the hospital doctors.

This announcement of a real training school for nurses is the first of thousands of similar announcements since made in this country, and such leadership in one of the great advances of the last half century is a high honor for this hospital.

But the claim of priority for this school does not rest solely upon this early announcement of intentions, or yet upon the purpose of training nurses, as stated in the Act of Incorporation nine years earlier. A still more solid foundation for the claim is to be found in the same report, for the year ending September 30, 1872, in this statement: "At present we have five nurses in training."

No other American hospital fifty years ago could have published any such statement. And yet, in spite of the undisputed fact that the diploma given to one of these five pupil nurses, Linda Richards, is the earliest dated American diploma, the priority that rightly belongs here has been claimed for the Bellevue training school. It will be interesting, by the way, to see what date they will select for their golden jubilee.

That the great New York institution should ignore this brave little pioneer school in Roxbury is not unnatural. Such treatment of the small by large institutions is not unprecedented. But what excuse is there for a former superintendent of this earliest school in America, who publicly controverts its pri-

ority and argues in favor of Bellevue's spurious claim?

If this fiftieth anniversary celebration does nothing more than to establish the rightful claim of this school to American priority, it will not have been held in vain. And before another half century shall elapse this cradle of trained nursing in this country ought to be, and doubtless will be, visited as a shrine; just as pilgrimages now are made to the tiny summer house in the garden of Kaiserswerth where Fliedner's training school began less than two score years before.

When we think of what nursing was before its renovation, and when we remember what the world owes to Theodor Fliedner and to Florence Nightingale, it is easy to see why every slightest claim to American priority in the movement should be magnified.

Not only have hospitals been redeemed from the pest holes that they were, but in private homes, as well, countless lives have been saved, untold suffering has been assuaged, and in thousands upon thousands of instances the other members of the family have been relieved of the heavy and anxious burden that otherwise would have laid them low.

Next to the discovery of anaesthetics, and then to the discovery of the principles of asepsis, the advance of medical science, during the last three or

four score years, is due most largely to the introduction of trained nursing. And in the latest beneficent advance, in the prevention of diseases and in safeguarding the public health, it is not too much to say that the assistance of trained nurses is absolutely indispensable.

In the history of trained nursing much of the confusion, as well as the conflict regarding priority, is due to the difficulty of distinguishing modern nursing from what preceded it. For instance, in years gone by when Dr. Susan Dimock was credited, as she should be, with the honor of starting this school, Dr. Zakrzewska used to ask why the nurses she herself had trained in preceding years should be so left out of account. And, indeed, in her case, that was not an easy question to answer. For she herself was an excellent nurse and an excellent teacher of nurses. To begin with, before she acquired her medical education, she was an expert midwife and teacher of midwives. And a highly trained midwife is both an obstetrician and an obstetric nurse.

It is therefore no wonder that many of Dr. Zakrzewska's nurses, whom she trained in the earlier years of this Hospital, were afterwards in great demand and held in high public favor. But, even so, it was difficult in those early years to find enough women willing to work here in these wards the six months that were then required before certificates were given them.

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The fact is that the training, as then given, was not what ambitious and intelligent women wanted. It was all practical enough, no doubt. They were taught what to do and how to do it, but they were not taught *why*. This is the fundamental difference between a trade and a profession — between old-time and modern nursing — between Dr. Zakrzewska's apprentices and Dr. Dimock's pupil nurses.

In the history of other hospitals, where the change was more marked, there is no such difficulty as here in distinguishing between the old and new kinds of nurses. In the Bellevue Hospital, for instance, at least part of their supply of nurses used to come from the criminal courts, where prisoners were given the option of a jail sentence or a term of service as nurses.

No wonder is it that Bellevue gratefully remembers Dr. Gill Wylie's report of the new order of English nurses and his letter from Miss Nightingale, giving advice and instructions, and the rescue affected by the State Charities' Aid Association, and the advent of Sister Helen. But these events, which led to the establishment of the Bellevue Hospital training school, in the spring of 1873, do not give it the priority that has been wrongfully claimed for it.

It is my good fortune distinctly to remember Dr. Dimock's arguments in favor of the new school she was about to open. In trying to persuade my

mother to allow one of my older sisters to enter this school, she insisted that the vocation of nursing was entirely suitable for *young* women, for *well-educated* women, and for those *having all home advantages*. Nursing, she claimed, was no longer to be a trade of last resort for middle-aged spinsters and impecunious widows. Fifty years ago that was heresy. We can now see that it was true prophecy. But where did Dr. Dimock get these ideas?

As a medical student here, five years before, she, of course, knew the difficulties of the nursing situation in the hospital, and also the insistent public demand for a larger supply of first-class nurses. That she was intent upon the problem is proved by her visits to Kaiserswerth and to Florence Nightingale. She was seeking the light and she found it.

Twenty-five years afterwards, I found that Susan Dimock's enthusiastic plans and hopes were well remembered by Miss Nightingale. Dr. Dimock, indeed, was not the kind of person easily forgotten! And I doubt not that Miss Richards will tell us that her own cordial reception by Miss Nightingale was due at least in part to the fact that she was Dr. Dimock's former pupil, as well as the first American graduate nurse.

It is no mere coincidence in the Report of this Hospital for 1872, from which I have already quoted, that Dr. Lucy E. Sewall, one of the attending physi-

cians, describes as "one of the pleasantest events of the year the return from Europe of Dr. Dimock to take charge of the Hospital." And very naturally, in the following paragraph, Dr. Sewall goes on to say that "we have now determined to use our increased facilities to the utmost and each year to send out a small band of trained nurses."

One of the very small-sized objections that has been made against the claim of priority for this training school is the fact that in its first years it was under the immediate superintendence of a physician, and not of a trained nurse. This tries one's patience, especially if it comes from the Bellevue Hospital, where Linda Richards, after her training here, was immediately employed as head night nurse and then as chief nurse of the maternity department. No such objection was then made there, or afterwards at the Massachusetts General and the Boston City Hospitals, or yet at the dozen other hospitals where Miss Richards subsequently was called to establish their training schools.

Trifling as this objection is, it nevertheless gives occasion to discuss the tendency of the so-called leaders of the nursing profession toward absolute independence of the nursing from the medical profession.

This is dangerous doctrine. But, happily, no such nonsense has been current in this hospital. For here

it could hardly be denied that women physicians, especially the many who previously have had regular nursing training, are excellent nurses.

The fact is that many physicians always have been first-rate nurses, and still more of them are perfectly able to decide between the excellent nursing service sometimes obtainable for their patients and the wretchedly incompetent service they too often have to put up with. The converse is also true, that nurses are often able to distinguish between good and poor doctors. So it is in the army, where many of the officers have been, and might again be, good privates, and, at any rate, where they all can tell a good soldier from a poor one, and where also the soldiers can generally decide rightly which of their officers are capable and which are not. But this does not militate against the proper relationship between officers and privates, nor should it do so between nurses and the doctors they serve under.

The one important fact, and the corner stone of the foundation of modern medical and nursing joint service, is that nursing is only a subordinate branch of medical practice. The nurse, first, last, and all the while, is only the doctor's assistant. He is the captain and she is his executive officer. As his lieutenant, in his absence she, of course, acts for him.

The patient's interests both doctor and nurse must hold in common and always hold above their

own interests. And this obligation requires perfect coöperation. Any antagonism, any disloyalty, between the doctor and the nurse harms them both, and also, and far more grievously, harms the patient.

This is only a paraphrase of Florence Nightingale's immortal teaching. And I repeat it to-day only to emphasize our gratitude to this hospital for its faithful adherence to these principles.

I am sure that I am voicing the judgment of my medical brethren of Massachusetts in testifying to the uniform excellence of the nurses who have had their training in the New England Hospital for Women and Children. They have proved themselves to be loyal and faithful. And, with very few exceptions, they have withstood the ultra-professional tendencies of modern nurses toward their fictitious independence of the medical profession.

To have thus maintained this high standard of nursing service is higher honor for this training school than even its American priority.

With our heartiest felicitations, on this its fiftieth birthday, and with our deep gratitude to its distinguished founders and able managers, we join our most fervent good wishes for its continued success and ever-increasing glory.

VIII

THE VICTORIAN ORDER OF CANADIAN NURSES

IN the summer of 1897 the postman brought a note from the Countess of Aberdeen asking about the Waltham method of training nurses. She was interested in district visiting nursing, she wrote, and, as ours was then the only American school that taught this specialty, she naturally applied here for further information. She had heard of our training school from some of our Canadian graduates.

We sent all of our printed matter and I also wrote that if she wanted to know more about our methods of training she would be a very welcome visitor. Somewhat to our consternation, she afterwards accepted this invitation.

The home of the school was then only an old dwelling house, hired for the purpose, and about as unfit as anything that can well be imagined for the reception that we arranged for Her Excellency. The rooms were too small even for our pupil and graduate nurses, and yet we felt obliged to ask our trustees and some of our other friends to meet our distinguished guest. However, the Countess was most

gracious and, in passing from one crowded room to another, she made every one happy. Such would not have been the case, especially with our trustees, had they known that she had already determined to borrow, and as it proved to be for an indefinite term, the beloved Superintendent of our school. Indeed, not for years afterwards was the Countess forgiven for this raid, nor were we who were suspected of connivance.

Shortly after this visit of Her Excellency, and before Miss Macleod's leave of absence had been granted, I received a long telegram from the Earl of Aberdeen, then Governor-General of Canada, urging me to make them a visit in Ottawa to advise about the establishment of an order of visiting nurses. This, it was explained, was to be in commemoration of Queen Victoria's Diamond Jubilee.

The money that had been given by British women on the fiftieth anniversary of her reign the Queen had employed in the establishment of an order of visiting nurses in England. And as both Miss Macleod and I were under great obligations to the chief of these "Jubilee nurses," as well as to Miss Nightingale, for advice regarding our school, it seemed all the more incumbent upon us in turn to give all possible aid to the starting of a similar institution in Canada. So I went to Ottawa, little suspecting what a perfect mess I should find.

The facts were that a preliminary circular describing their proposal had been sent out broadcast by the provisional committee in charge of the enterprise. This circular might easily be read by those so disposed as a somewhat serious reflection upon the Canadian medical profession. It was tactless, to say the least.

Again, the Governor-General, by a perfectly legitimate and yet unprecedented employment of his official prerogative, had lately incurred the political wrath of the conservatives who had just been displaced in the government of the Dominion. This had not served to make Lord Aberdeen any more popular with the doctors. Nor had they been in the least appeased by the honor of knighthood already conferred upon some, and confidently expected by others, of their number.

Without detailing other reasons for their hostility to the Aberdeens, it is enough to mention the lamentable fact that the different provincial medical societies had almost unanimously recorded themselves in opposition to the proposed establishment of a visiting nursing order in honor of their Queen. Moreover, as further evidence of their hostility, the physicians of Ottawa had ignored the invitation of Her Excellency to attend a conference on the subject at Rideau Hall.

All this was explained to me on my arrival, and

also the embarrassing fact that the Queen had already signified her pleasure in accepting the proposed commemoration.

Dark indeed seemed the outlook. Without the cordial coöperation of the medical profession it would be difficult enough, but with their continued opposition it would be simply impossible, to launch the enterprise.

Instead of resenting the treatment that his wife had already received, Lord Aberdeen rose to the occasion. He would not allow the intrusion of any personal issue. "I pass this way but once," he said, "and I seem to hear from future sick and suffering people their cries for help. This obliges me to do all that I can in preparation for their relief."

At the meeting the next day it was fairly easy to persuade the provisional committee to rescind the circular that had given offence and to adopt another prospectus. I then proposed that the physicians of Ottawa should be invited by Her Excellency to meet me as her guest at a late evening affair. This was readily agreed to, and the Countess herself wrote a personal note to each of the seventy doctors. Sixty of them came.

For their entertainment I had been given *carte blanche*. I knew very well what physicians like to eat, drink and smoke at ten o'clock of the evening. And that night we had everything that could be

wanted. The doctors could not conceal their surprise. They had supposed that their hostess was violently opposed both to alcohol and to tobacco.

After we were well under way I told them of the advantages we had obtained in Waltham from the help of visiting nurses. I told them of the withdrawal of the offensive circular and read to them the revised prospectus. Then I boldly asked them to attend the public meeting in the city the next evening and to back up my appeal for popular support of the proposed institution. Finally, I begged them to revise their opinion of our hostess, who by previous arrangement was then waiting in the drawing room to receive them.

Having already freely partaken of her generous hospitality, they could of course do nothing else than thank her before leaving. And the battle was won. Not only at the public meeting the next day, but also ever since, the Ottawa doctors have loyally supported the Victorian Order of Nurses.

I thought my job was done but, as I afterwards found, it was hardly begun. For, a few weeks later, another appealing telegram came, this time from Toronto where the Governor-General was in temporary residence. The change of heart on the part of the Ottawa doctors had had small effect if any upon their more numerous brethren of Toronto, where there existed a wider spread and more bitter

hostility to the Aberdeens than in Ottawa where they had become better known. As the telegram warned me, if I should again enter the fray I need expect no mercy from the enemy.

Only too plainly I needed every possible reënforcement, for retreat was now of course out of the question. Remembering Dr. Osler's many previous kindnesses, as indeed who of us may not, I begged him to introduce me to his former Toronto colleagues. He promptly wired, urging me not to go into such a hostile camp and to have nothing more to do with "those pestiferous Aberdeens," but adding that, as he had no idea I should be wise enough to heed his warning, he had already written to some of his friends there not to scalp me at first sight. These letters of his proved to be my salvation. And I cannot resist mentioning here with what glee, years afterwards when he had been closely associated with Lady Aberdeen in her anti-tuberculosis work in Ireland, I reminded him of his former very different opinion of the Earl and his Countess.

Immediately after my arrival at Government House in Toronto, several callers, who had received the Osler notes, urged me with every possible argument to pack up and go home. If I stayed and attempted any repetition of my Ottawa performances, I was told that I should be "laid out flat." All the hostility of the Toronto doctors against the Aber-

deens and their proposed new order of nurses was to be vented on me, these callers said; and, as evidence of the thorough preparation of my enemies, I was told that their Boston correspondents had been begged by wire to forward ammunition by way of anything damaging to my reputation. As Osler's friends, they assured me, they felt themselves absolved from any further obligation to him or to me, after having given me this fair warning of what treatment I might certainly expect from the medical profession of Toronto.

Of the fairness of their warning I had no reason to complain; but I could not say as much of their absolute refusal even to listen to my reasons for not accepting their advice. The interview closed with my declination of their polite invitations to temporary membership in their clubs, which the hospitality of Government House made quite superfluous. There was no use in further parleying. The battle might begin at one time as well as another.

We employed the same tactics as at Ottawa. Her Excellency, again in personal notes and this time to several hundred, invited the doctors of Toronto to meet her guest from Massachusetts. As no rooms in the Government House were large enough for the expected meeting, St. George's Hall was engaged for the occasion. It proved to be no more than sufficient, as near two hundred came. The same entertainment, by way of refreshments, was provided.

While our guests, in groups, were still busy at the tables, I was called upon by their chairman "to explain to the company if I could why I had come to Toronto."

Cheers greeted the chairman for his felicitous expression of their feelings. But not even a single hand clap was given as I rose to speak.

I spoke for an hour, but none listened. Some did not even turn their faces towards me. Nor, had there been any willing to listen, could I have made myself heard above the din and laughter. The chairman yawned and fidgeted. His time was to come.

When I ceased speaking probably they all thought I was done for. I half thought so myself. But the issue of battle is not decided until it is ended.

When the chairman rose to say that if there were any questions, the speaker of the evening would doubtless be glad to answer them, the meeting came to sudden attention. They knew their fun was then to begin. They thought their plans were fine.

The first question provoked general laughter and loud applause. It was: "Will the speaker of the evening kindly tell us how much he is paid for coming here to work for the Aberdeens?"

The next question, hardly less insulting, was received with equal applause. It was: "Does the *gentleman* from Massachusetts, in spite of the warn-

ing that his visit was not wanted, consider it to be decent conduct to attempt to instruct us as to our professional opportunities and obligations?"

The third question, which delivered the enemy into my hands, was: "Is the speaker of the evening aware that we in Toronto do not feed on royal pap, and that the name Victorian or the idea of so commemorating the Queen's reign adds no weight with us to any proposed institution?"

This was all I then needed, nor is there now any need of trying to remember their many other questions, all of which were intended to be disconcerting. When my time came to answer I felt sure that I had them foul.

"In answer to your first question," I began, "may I tell you the story of a discouraged friend of mine who, after having failed in the management of a local lecture bureau, in his valedictory stated as the result of his observations that men when well paid for their services are always thanked at the same time, while the but poorly rewarded are paid in silence; whereas, those who have been fools enough to serve gratis are always damned for their pains." Then I added, "Overlooking the insult intended, I answer that I belong to the last-named class, and you will agree that to-night I am receiving the gratuitous servant's usual reward."

My answer provoked some murmuring and per-

haps some faint applause. At any rate, after that I had their attention. In answer to the second question I pleaded that, as a physician, I was obliged to report to my professional brethren every discovery that would benefit their patients and themselves, and that, if I kept silence regarding the benefits of visiting nursing service, I deserved no forgiveness.

Then, with withering sarcasm, I admitted my ignorance of the fact, as stated by one of them and applauded apparently by all, that the name Victorian meant no more to them than did her royal acceptance of the proposed form of commemorating her Diamond Jubilee. And then I added: "If I, nine generations removed from my emigrant English ancestors, have felt impelled to come hither from the shores of Massachusetts Bay to aid in Queen Victoria's commemoration, at least I might have expected decent treatment from her supposed loyal subjects, my professional brethren of Toronto." Whether I had received it or not I left for them to say. And I closed by saying "that whatever might be the fate, at their hands, of the proposed Victorian Order of Nurses, I should have the satisfaction always of remembering that I had obeyed the teaching I had received from my mother, when I stood beside her knee, to admire Queen Victoria's glory and to reverence her exalted womanhood."

This brought every last one of them up standing.

Amid heartiest applause for the Victorian Order, as well as for the speaker of the evening, the meeting dissolved.

With this climax my story perhaps should here have ending. But, although it was past midnight, none of my excuses prevailed, and I had to go with some of the leading physicians and surgeons to their club. There they plied me with questions about the whole scheme of district visiting nursing, and promised their support at the great public meeting the next evening. For my bursting headache they insisted upon whiskey and soda as the sovereign remedy, promising most faithfully to see me safely back to Government House.

They kept their promise, but they could not induce the guard to open the gates. Happily for me, however, the faithful butler came to my rescue.

Badly enough I wanted to get to bed. But no, "their Excellencies were anxiously waiting to hear of my safe return" and I must go to their chambers.

And there I had to tell them all that had happened, while Lord Aberdeen brewed tea for me over their grate fire. For the lemon, that he insisted I must have in it, the good man himself went down to rummage in the pantries.

The next morning a valet waked me with the cards of two British army officers, who were outside begging for a short audience. Not accustomed to

such requests, and yet not daring to refuse such important callers, I accepted the valet's advice to let them come to my bedside.

They had found in the morning newspapers a report of what I had said in defence of their Queen, and they wanted to know from me what had been said, and by whom, to occasion my remarks. It was their privilege, they claimed, to answer any such slur as they had reason to believe I had undertaken to answer.

To my pleading that, as the meeting was entirely professional where all communications were supposed to be privileged, it would be most improper for me to accede to their request, they then replied that they had expected such would be my answer. And, thanking me for what I had said in honor of their Queen, they assured me that nevertheless their search for her detractor would continue.

The next evening when I was introduced at the public meeting, before I could begin my speech, one of the famous surgeons of Toronto jumped up on the platform and told the great audience what I had said at the medical meeting regarding the Queen. This evoked such applause as rarely greets an unknown speaker. This incident illustrates both the fine sportsmanship of the Canadians and also the favor always afterwards accorded by my erstwhile opponents.

My speaking in other Canadian cities, in favor of the Victorian Order, was always well received. But in no other city has the institution been more heartily supported by the medical profession than in Toronto.

IX

HELPING THE HELPLESS

I CANNOT remember when I did not want to be a physician and certainly not when I wanted to be anything else. Perhaps this was partly because our family physicians were so dear to us.

The first of these, Dr. Horatio Adams, I only dimly remember, but my mother was always very grateful for his kindness. That added to my joy long afterwards in taking professional care of his widow who survived him for forty years. Many others of his patients also became mine, who in the twenty intervening years between his death and the beginning of my practice had been taken care of by his son, Dr. B. F. D. Adams. These two great physicians gave to Waltham the highest standards of medical practice.

Dr. Luther Clark was my father's uncle. After some years of practice here, and then in Cambridge and Boston, he came back to his birthplace for his later years. He always came to us in times of great distress. He was so gentle, so kind, so quiet in all his ways that his presence in the sick room was always a benediction. Knowing that I wanted to be a

physician he took great pains to interest me further in the healing art. Although a homoeopathist, while I was not, he nevertheless chose me as his doctor in his last sickness. For nothing else was I ever more grateful than for the privilege of easing this good man's sufferings as he was entering the dark valley.

Perhaps my earliest inclination towards the medical profession was partly due to my fondness for horses and to the attraction of the doctor's chaise. I seem to have foreseen the delightful rides and drives I afterwards should have on the country roads before the miseries of automobiling. But by far the strongest influence in determining my career came directly from my mother who always prayed that one of her sons should be a physician. As the minister's wife she was also a famous neighborhood nurse always ready to serve as night or day "watcher." Elsewhere I have tried to describe her exquisite service to the newborn and to the dying. Never since she left us have I seen her equal.

Earliest lessons make deepest impression upon our characters: I can never be sufficiently thankful for mine. The first sick room I remember was that of my old nurse who was nearing her end. I had been sent there with oranges or some such delicacy. I have not forgotten the hush of that darkened room. And I also remember very vividly the death in our home of a blind old aunt and the assurance of my

parents that now her eyes were open to far more beauty than this world affords.

My first service to the sick came when as a boy of fifteen I was sent one night to watch with a school fellow very ill with typhoid fever. I was kept busy, but the hours went slowly. When morning finally came I thought myself quite a hero and deserving of at least a holiday. But no, my mother bade me after my bath and breakfast to go to school as usual and never to mind so small a matter as the loss of a night's sleep for another's sake.

Fortunately for me, as I now see it, I was on crutches when I entered Harvard College in 1874. I had broken my leg muscles in a baseball game that summer. This interference with my athletic ambitions gave me time to think of other activities.

A newspaper account of the recently established North End Diet Kitchen prompted me one bitterly cold day to go there. The scantily clothed women and children who came for bread and soup brought cards of recommendation from the District physicians. The food handed out was thus not for them but for the sick and suffering in their impoverished homes. Their misery, as disclosed in answer to my questions, was appalling. That was before the days of organized friendly visiting, and in the cities there was no such neighborliness as always may be found in the sparsely settled country. But why not?

This question haunted me until I had a plan for supplying the need in at least one small corner of the great city. The workers at the Diet Kitchen, and especially Mrs. James T. Fields, who was the leading spirit in its establishment, promised cordial coöperation.

Before describing my plan I must tell how I came to know one of Edward Everett Hale's "Ten times one is ten" clubs. My first school teacher was Miss Eleanor M. Little. Later on she lived in Cambridge with her sister, the wife of Professor Bôcher. Although a great invalid she was still keenly interested in the doings and aspirations of young folks. It was she who told me of the "Ten times one is ten" club of Boston girls and of their discouragement in attempts at practical charity. The ragged newsboy whom they had reclothed had pawned and gambled away his new clothes and since then they had found no needy ones to work for. By Miss Little's kindness I had the chance to interest these Boston girls in my plan for extending the beneficence of the North End Diet Kitchen.

By this time it was spring and it was easy to enlist my younger sisters and cousins in gathering wild flowers. Every Monday morning I carried a big basket of these flower bunches to the Diet Kitchen where the Boston girls distributed them. This was my plan: in giving the flowers the girls were to make

acquaintance with the messengers and then, in accordance with the advice of the District nurse, they were to make friendly visits to the sick and suffering.

In carrying out this procedure it was not all smooth sailing. I have not forgotten stormy interviews with some of the girls' alarmed and indignant parents. Nor was it easy to persuade the girls to wear plain clothes and to leave their kid gloves at home. Some who finally became most proficient in friendly visiting found it at first very difficult to win the confidence of the messengers, and almost impossible even to enter their wretched homes. All of us had much to learn.

While working with this Girls' club I had the great good fortune to make the acquaintance of a wonderful woman, known as Miss Watson, and to learn about her relief work in Cambridge. Of the many such workers I since have known none has come up to Julia Watson. Hers was indeed a tragic life. It was only just before her death, in the prime of womanhood, that the fact of her parents' secret marriage was disclosed. Her cruel mother, in order to retain the fortune left by her former husband on condition of her continued widowhood, had left upon her daughter the ignominy of supposed illegitimacy. Nor would the secret of her second marriage have been revealed even then had not the family of Julia's father brought suit to recover some family heir-

looms. After the marriage certificate was produced in court the Lutton family of course had nothing more to say. They received Julia cordially, but she never adopted her rightful name. Her life had been overclouded by the supposed stain of her birth. On this account she had refused to marry an adoring lover, one of Nature's noblemen. And, as often happens, her own heartache had enabled her to be a wonderful comforter of others. She was always ready by night as well as by day to answer any cry of distress. On her kitchen stove the beef tea and gruel were kept hot, that there might be no delay when the call came. And in the hard winter when I first knew her she certainly saved many from starvation. Nor was it only first aid that she gave: for after the breadwinners' health and strength was re-established she was untiring and generally successful in finding work for them.

During our college course it was customary for those of us intending to study medicine to go occasionally to the amphitheatre of the Massachusetts General Hospital to see the surgical operations. The heat, the ether fumes and the bloody sights were sometimes too much for those not intent upon following the cool steady work of the surgeons. It was perhaps a useless test, for it is not until steadied by actual service that one can be sure of his nerves amid such surroundings.

As it so happened, we saw at this hospital the new kind of nurses when the training school began. Their youthful charms, enhanced by their immaculate uniforms, were in striking contrast with their predecessors' appearance and made indelible impression on at least one of the college boys.

Between my college and medical school courses I was the submaster in the Waltham High School. One of the teachers there, Miss E. M. Wellington, was an old time friend. We had much in common. We were dissatisfied with the lack of enthusiasm and the general emptiness in our public school system. In our attempts to stir the hearts of our scholars about to graduate we hit upon the plan of a club for what is now called social service, that is, for friendly visits to the unfortunate and especially to the helpless "shut-ins." This was the beginning of the Charity Club. For some years, under the fine leadership of Miss Wellington, its original purpose was followed. Whatever may have been the good thus done to those visited, there can be no doubt of the good effect upon the visitors. Several of those first members of the Charity Club have become well known as helpful neighbors.

In these days, when children have to be protected not only from all possible contagions but also from all acquaintance with sickness and suffering, there is no such chance as once there was for their true de-

velopment into helpful neighbors. Heartstrings have to be stretched in order afterwards to be capable of vibrating in sympathetic unison with human suffering. And the ability to give utterance to our deepest emotions, if once acquired by plunging in, is, like the ability to swim, never lost.

The first years in the medical school are spent in studying the science upon which medical practice now more than ever depends. And even the students' first contact with patients is in the cold impersonal study of their diseases. In my time there were no distributing wires, as there are now, to carry to the ears of a class of students the varying sounds of overloaded hearts and incapacitated lungs. Such lessons had to be learned at the bedside by directly listening to the patients' chests. For this purpose we went in squads to the hospitals with our instructors.

It so happened that my first of these lessons was in one of the wards of the House of the Good Samaritan which was well filled with patients in the last stages of consumption, as pulmonary tuberculosis was then called. When my turn came to examine the poor girl I could not help noticing her extreme exhaustion. Bravely and patiently she had undergone the ordeal as the subject of the lesson. When asked to draw deeper breaths she had done her best, which was for her a far harder task than it was "to

cough for the doctors." I then simply could not add even a feather's weight to the poor child's overload. Instead of percussing her chest or pressing down my hard stethoscope upon her wasted frame, I merely pretended to do so while whispering to her my questions. Was she very tired? "Oh, yes, very." Had she any friends to come to see her? "No, not one."

I do not remember her name, but I never can forget her gratitude during the few remaining days of her life when I brought her fruit or flowers. Many times since then have I refrained from examining patients who were plainly nearing their end, and many a time I have given flowers instead of pills.

In the late winter of 1883 I suddenly found myself in the then fearfully responsible position of Senior House Physician of the Boston Lying-in Hospital. Generally such service came only after several months of juniorship. But the doctor who would have been my senior had been called away by his father's death. In addition to my green unfitness for such responsibility the hospital was full of sepsis and the patients were dying at a fearful rate. It was the worst time the hospital has ever had.

I cannot even now tell the whole story of that awful spring and summer and I propose here only to tell the story of the starting of the training school for nurses in that hospital.

The training schools at the Massachusetts General and Boston City hospitals were already in successful operation. At the Lying-In there were not only no graduate nurses but there were few who would even have been admitted as probationers at the other hospitals. They were a mixed lot. Some were fairly intelligent and most of them were honest women, but one was too fond of liquor, one was an adventuress, one had been discharged as impossible from the Massachusetts General training school and one from that hospital after several months of successful malingering. I need not continue my description. There was no superintendent, and not even a head nurse. But the matron of the hospital, Mrs. E. J. A. Higgins, was a wonder. She knew everything that went on, but as housekeeper and business manager she had never had direct control of the nurses' work. That duty was supposed to rest upon the House Physician. When I complained of some of the nurses to the Visiting Obstetrician, who was the real director of the hospital, I was curtly told that I was responsible for all their shortcomings, and that it was up to me to discharge any guilty of insubordination.

It was perfectly plain that under such a régime no improvement was possible. So long as the House Physician's criticisms should be given directly to the nurses the wrangling would of course continue.

As soon as I found that Mrs. Higgins was willing, I told the nurses that henceforth all my criticisms and corrections would be given them through the matron. This raised a whirlwind of protest. Finding me inexorable, the nurses then handed me a letter signed by them all, to the effect that, inasmuch as I was unwilling to talk with them about their mistakes, henceforth all of our communications might better be in writing. I at once accepted their ultimatum, and posted on the bulletin board my orders. The first one was that in place of their former oral reports every nurse should hand into the office a daily record of her patients' progress. This, as I believe, was the beginning, at least in this part of the world, of nurses' clinical records.

These written reports gave me opportunity both for criticizing and for teaching the nurses, and I also began giving them regular lessons in class. I believed then as I do now that first-rate nursing service depends upon knowledge of the principles upon which the prescribed treatment is based. All this is now such a matter of course that it seems hardly believable that this early effort of mine to teach nurses should have met the disapproval of my superiors, who in no uncertain terms declared that it was quite enough to tell nurses what to do without ever telling them why they were to do it.

Those who know only our modern ways of helping the helpless, since our local hospitals and trained nurses became available for carrying into effect the kindly feeling of the community can hardly imagine the conditions that confronted a young Waltham doctor forty years ago. Helpers then were hard to find. The custom of neighbor watching with the sick was fast disappearing.

In this dearth of suitable assistants much of what now is more or less rightly considered as the nurse's work had to be done by the doctors themselves. Where no neighbors came to help it was bad enough, and yet it was often even worse where a ribald company collected merely for the excitement attending a birth or death, or for the liquor that was expected on such occasions.

For the poor sufferer so unfortunate as to be confined where not wanted so little mercy was sometimes shown as even to endanger life. I have known of such having been driven out into the street, and I have known of at least one baby being born in the Lyman woods.

I remember one case where the poor girl had returned for her labor to the very house where her misfortune originated. The owner of this house, a notorious woman, in spite of my protests, kept up such a fusillade of abuse as threw the poor girl into

repeated convulsions. I appealed to the police. Armed with a warrant for the virago's arrest, we found the door locked against us. We broke through and dragged the wretch out to my chaise, up into which we boosted her. There was no patrol wagon then! While the officer held the screaming woman I on foot led my horse to the station.

The next day in the District Court Judge Luce paid scant heed to her lawyer's defense, giving as his opinion that an assault by the woman's tongue might well be considered as serious a menace to life as if made by dagger or gun. And he accepted my suggestion that she should be constrained from going back to her house and even from entering that street until my patient either died or recovered.

This judicial decision was afterwards a great help to me in that locality. And often it was hard to keep from laughing at the general exodus by back door and windows of those who feared on my arrival of being adjudged harmful to my patients.

Hard as the conditions were for the sick poor in their own homes, even harder was it for the stricken stranger. For such there was only the overcrowded old almshouse, where decrepit or feeble minded paupers were the only nurses. Amid such surroundings I have seen births and deaths.

Once in hot midsummer a typhoid patient was allowed to wander out into the barn, where the next

morning he was found dead having fallen from the hay mow. At last he had found rest.

Such were the conditions and such the inefficient ways of helping the helpless in Waltham in 1884. The following year we had our Training School for Nurses. In another chapter I propose to tell how it began.

X

THE WALTHAM TRAINING SCHOOL FOR NURSES. ITS EARLY HISTORY

IN a previous chapter I have described the conditions in Waltham before we had the help of trained nurses. Now comes the story of the starting of the Training School by the Waltham Medical Club.

This club, although begun a quarter of a century earlier, had lain dormant for some years. During the year 1884 I found the Fellows of the Massachusetts Medical Society here resident, who at that time were alone eligible for membership, were not unwilling to revive it. We met every month at our homes in turn.

At the February meeting in 1885 I proposed that we should undertake to teach young women how to nurse our patients. After a liberal amount of cold water had been showered upon my proposal, it was finally voted to call a public meeting to consider the subject. I doubt if any besides myself believed there was any chance of success.

In advertising the meeting we asked especially for the attendance of any young women who would like to become nurses. At this meeting, which was

held the following month it naturally devolved upon me to explain the plan and to persuade, if I could, some of the young women present to enroll themselves in the proposed school. Fortunately before the meeting dispersed I got the names and addresses of some eight or ten who said they were willing to think it over. For at the adjourned meeting, the week after, although these possible candidates were specially invited, not a single one of them appeared.

That was then very disappointing; but as I look back it seems surprising that when I afterwards called on the girls who had given me their names I succeeded in persuading seven of them to enlist in the venture, and still more surprising that four of them finished their course of training.

The profession of nursing was not then undertaken by young women as a matter of course, and in fact it was looked upon somewhat askance. The earliest training school in America was not yet thirteen years old, and the Nightingale School was not yet twenty-five.

There were then only about half a dozen training schools in New England. All of them were hospital schools; or if started independently, as some of them were, they were soon to be swallowed by their hospitals.

In Waltham we had no hospital, and I did not then know of the La Source school in Lausanne,

which had no hospital for its first fifty years, nor of Fliedner's school at Kaiserswerth which began without one.

Our plan must have seemed crude as well as novel. This is what it was: Five physicians undertook to teach the student nurses the elementary science upon which nursing knowledge depends. Several times a week the class was to meet for these lessons. In the meantime the student nurses were to work in the homes of our patients where we were to teach them all that we knew about nursing, which, if I may be allowed to remark, was of necessity far more than is now known by physicians who have always had the assistance of nurses either trained or in process of training.

Our plan would never have succeeded had it not been for the coöperation of three noble women who consented to serve as "lady managers." They took full charge of all business matters — collecting payment from those who could afford to pay anything for the nurses' services, paying the small allowances and providing the uniforms and arranging for the nurses' living. Aided by other lady volunteers, they gave the class regular lessons in the arts of home making, in invalid dietaries, in reading aloud acceptably and even in sewing and mending nicely. Most important of all, in their intimate association with the nurses these ladies made each

feel their deep personal interest in her individual improvement.

At first the school had no home and for its headquarters only a hired parlor where the class met. In the intervals between their cases the nurses lived wherever they could and often in such households they worked for their board. This we soon found would never do. Besides the hardship of it for them, there was in such an arrangement no way of keeping track of their whereabouts. Some of the physician instructors not only gave up trying to find one, even when a student nurse's assistance was just what was wanted, but also too often neglected to meet the class at the appointed hours. Naturally enough the nurses likewise became careless in their attendance.

These were indeed dark days. It was only too plain that the School must have a home, and before the first summer passed a tenement was hired and furnished for this purpose. This first home of the School was over the grocery store at the corner of Main and Lyman streets. But very soon we found it impracticable to let the housekeeping depend upon nurses who might be called out at any time for actual nursing service. We had no probationary term then.

As another complication, one of them fell sick and for many weeks at least two of her classmates had

their hands full in taking care of her. Although she finally made a good recovery it became plain, as it ought to have been at the start, that she was physically unfit for the work.

After a few months of such vicissitudes we were convinced that our student nurses must have a home where their meals should be provided for them and where their only housework should be the care of their own rooms. Most fortunately we found a family willing to undertake this service.

Thus began the long and happy association of the School with the Christmas family. Mrs. Christmas was a great home maker, and like her husband was always ready to help others. Under her motherly care the nurses, however tired and discouraged on their return from hard cases, soon recuperated. Doubtless this was partly because they were so well fed, but it was also because they were always so heartily welcomed.

Amid the many troubles of this first year of the School we had the great encouragement of finding that the nursing service of the students excelled our fondest expectations. At the very first, it is true, we had difficulty in persuading our patients to employ them. Their youthfulness was considered to be a great detriment by those who were accustomed only to nurses past middle age. But soon their services were found to be so efficient and acceptable that the

School was unable to supply the demand and by the end of the year none of us doubted the expediency of taking in a new class twice as large, for which there were plenty of applicants. The families and physicians who employed them found that student nurses desirous of being taught gave better service than the old-time nurses who professed to know it all and so felt it to be an infringement of their dignity if any instruction was proffered. Moreover, in comparison with the service of the occasional graduates from the hospital schools who were employed here, it was found that the service given by our student nurses was more acceptable in the household. The former knew better how to transform the home into a hospital, while our nurses knew better how to maintain the traditions of neighbor helpers, by preserving rather than by disturbing the home life of their patients. But from this it must not be inferred when hospital régime was necessary that our student nurses could not be depended upon for its essentials. Let me give one illustration.

In one of the early months of the School's first year a patient about to undergo a serious abdominal operation was unwilling to go to a hospital. Dr. J. W. Elliot consented to operate in her home, relying on my assurance that we would make all necessary preparations and be responsible for the after care. He found on his arrival that our student nurse

in the preceding twenty-four hours had not only properly prepared the patient but had also taken up the carpet in the room selected for the operation, brushed the ceiling and walls, scrubbed the floor, and then had thoroughly sprayed the room with carbolic acid, as was the fad of those days. After the operation the Boston surgeon told us he had never operated under more favorable auspices.

I might easily give other instances of the admirable service of these first student nurses both in grave exigencies and in even more trying chronic cases where inexhaustible patience was requisite. Perhaps their greatest usefulness was displayed in obstetric nursing. At any rate it was in such service that they soon became indispensable.

No words can overstate the improvement that came, especially in impoverished homes, with the change from the old to the new kind of nursing in confinements. Dirt, drunkenness and ribaldry gave way to cleanliness, sobriety and decency. Somewhat to our surprise no objection was made at these cases to the teaching the physicians gave, and certainly no better opportunities for such teaching were ever found.

Before long the student nurses were in demand in homes where wages were of no consideration, and graduate nurses began to complain of unfair competition.

Our answer to such complaints was that the School was established with the double purpose, first, of supplying the immediate needs of the community, regardless of the patient's ability to pay for the service needed, and, second, of training young women in such service for the subsequent practice of the profession of nursing; and that, if the service of our student nurses was proving to be just what the community wanted, we were not to blame. We believed then as we do now that home nursing can best be taught in home service. This was considered by the hospital schools to be a Waltham heresy, over which there has been bitter controversy. That, however, came later. In the first years the school received only kindest treatment from the hospital schools. From the Massachusetts General Hospital School, Miss Maxwell, the superintendent, came with helpful advice. From the Boston City Hospital, Linda Richards was one of our earliest, as she has been ever since one of our truest, friends. From the New England Hospital for Women and Children the resident physician, Dr. Adeline Whitney, came as a regular lecturer.

Hearty commendation came from many of the medical profession, most notably from Dr. Edward Cowles, the Superintendent of the McLean Hospital. He had done more than any other American physician to advance the profession of nursing, and

his commendation of the Waltham plan was a great encouragement. In an address upon "The Training Schools of the Future," delivered at the National Conference of Charities and Correction at Baltimore in 1890, Dr. Cowles, after a long and careful account of the Waltham system of training, declared that "it has demonstrated itself as an admirable and efficient contribution to the urgent needs of the time."

His prediction that it would be widely copied seemed in the first few years to be coming true. Similar training schools were started in various parts of the country, some of them under the superintendence of Waltham graduates. That was before the concerted opposition began of those who believed that the proper training of nurses can be given only in hospital service.

Although in later years some of the hospital schools adopted different parts of the Waltham method, and that, too, in some instances after their superintendents had made us long visits, not only was no credit ever given to our School but in the International Congress of Nurses in 1892 it was denounced as unworthy of recognition. That was the beginning of the pressure exerted by registration laws and qualifications for membership in associations of nurses that forced several similar schools to surrender their independence, and finally forced

our Waltham school to sacrifice some of its educational ideals. But we must now return to the history of our School as it began its second year.

With a larger entering class more room was needed. Moreover, it had become plain that we must have a hospital for our surgical cases and for the homeless sick. This had long been wanted by my senior partner, Dr. Cutler. And now, with nurses at hand, his former home that had been moved to the rear of his lot seemed available both for this purpose and also for the School's home. It was a large double house having an unfinished attic which was easily made to serve as the School's dormitory. Four rooms in the stories below were fitted up for hospital purposes; and the other rooms on these first and second floors were divided between the School and the Christmas family, who continued to board the student nurses and now also undertook to board our hospital patients. These were not long in coming; and indeed before the carpenters were out one of our student nurses was brought in with scarlet fever. Only by promising to take care of them in case they contracted the disease were the workmen persuaded to stay on the job. But there was no spread of the disease and our first hospital patient made a good recovery.

With the large new class and a small hospital on our hands our need of a superintendent became glaringly plain.

At this time I chanced to have a patient whose sister, Miss Mary Hackett, was nearing the end of her training in the Long Island College Hospital in Brooklyn. The superintendent of that training school, Miss Irene Sutliffe, was one of the great teachers of nursing who had derived their ideals from Florence Nightingale's nurses.

There seemed to be very little chance of obtaining Miss Hackett's release for the care of her sick sister. Nevertheless I wired our appeal. And the next morning I found that she had been sent at once. I also found that she had affected such a change for the better in her sick sister herself and in her surroundings as none of our nurses at that time could have done. The family had only just moved here and their home was only half furnished. But Miss Hackett had put up impromptu window shades, had moved out of the room all extra furniture, and had smoothed out all the wrinkles. The patient's neatly braided hair, tied with a bit of blue ribbon, and a few wild flowers on the table beside the bed, seemed to reflect the young nurse's own attractiveness.

Plain it was that while we doctors could teach the essentials we could not teach the equally necessary niceties of nursing. And it was just this deft and masterly touch, which we since have so confidently expected from our Waltham nurses, that then was lacking.

At the same time it had become only too evident that in our miniature hospital we could not get the needed team work or the right relation between our senior and junior student nurses. Then and there I made up my mind that we simply must have Miss Hackett for our superintendent.

Miss Sutliffe, as we found, had been meaning to keep her as one of her head nurses, but after learning of our greater needs she generously let us have her. This was the Waltham School's greatest good fortune. For Miss Hackett was not only a superb nurse, but was also a wonderfully good teacher, as her successors, Miss Macleod and Miss DeVeber, both of whom were her pupils, always testify. She brought to us not only her own high ideals but also the direct inheritance of all preceding achievements in the art of nursing.

Miss Hackett for the following five years served both as matron of the Hospital and as superintendent of the School, and as the same men and women were the active managers of both institutions, naturally enough in these early years there was never any question of their mutual dependence and identity of interests. Unfortunately, as the Hospital grew in size and importance, this spirit of coöperation was lost. Troubles arose, chiefly over the financial arrangements between the two institutions, until finally, for the sake of money saving, the

Hospital sought to swallow the School and also its younger offspring, the Baby Hospital and the Visiting Nursing Association.

For its first three years the School had no legal organization. It was managed by the lady managers in conjunction with the physician instructors. We met often in conference, or, more accurately speaking, Miss Adams and I met almost daily and talked of little else. She from the first was both clerk and treasurer. If at any time more money was needed she raised it. Of the countless instances of her kind thoughtfulness the graduates of the School have one enduring proof. For it was Miss Adams who chose the motto (Hope) and procured the anchor design for the School's seal as well as the die for striking the gold medals.

In 1888 the School obtained its charter of legal incorporation and the right to hold property. Thenceforward its history can be found in the Reports that have been published from time to time. In them can be read the accessions of new trustees and teachers and also the generous contributions given for its new buildings and endowment.

In comparison with its maturity how insignificant was its infancy! And yet those who have known and loved the School only in later times, and classes yet to enter, may perhaps be interested in this story of its earliest years.

XI

NURSING PROBLEMS [1]

IN a paper on Nursing that I read at one of our Annual Meetings long ago [2] I maintained that "it is the doctor's duty not only to give proper directions for the management of every patient under his charge, but also to see that his orders are intelligently obeyed."

This of course is self evident. As a consequence, which still seems to me to be inevitable, I further insisted that we are responsible for the proper training of the nurses who are to serve as our assistants and lieutenants. This I still believe, in spite of the fact that conditions in the nursing world have changed greatly during the past forty years. Only the oldest of us who remember when we had no trained nurses can appreciate this change.

No physician or surgeon could now be found who would belittle the enormous benefits that modern nursing has brought into the world. And yet hardly a half-century ago schools for nurses were established not only without the encouragement but often

[1] Read before the Massachusetts Medical Society, at its annual meeting in Boston, June 9, 1925.

[2] June 8, 1887.

in spite of the general opposition of the medical profession.

Perhaps it has been because of our early failure to help the training schools that the two professions do not always pull together as well as they should. Again it is only natural in the largely unguided development of their new profession that some nurses should fail to recognize the right relationship between the two professions. Unfortunately such nurses have too often spoken for all. And it is therefore a wonder that not worse misunderstandings have resulted. The modern feminist movement also may be somewhat accountable for a certain jealousy in the leaders of the nursing profession of anything like dictation from a profession so largely masculine as ours.

Some graduate nurses, it is true, sooner or later learn to give just the service that we want for our patients in their own homes. And some after learning our own peculiar ways become invaluable assistants. Sometimes, too, when a new nurse is sent in answer to our call we find her service surprisingly satisfactory; but in such case the chances are large that she has had long enough experience in home nursing to forget hospital ways.

Now, if the nursing service of recently graduated nurses is not what we doctors want, we have only ourselves to blame for it. For very few of our pro-

fession have taken any interest or given any assistance in the training schools. Many, it is true, have given lectures in them; but such service has been of small influence in the development of the schools and in the evolution of the nursing profession. As a natural consequence, instead of a perfect mutual understanding of each other's province, and the most efficient coöperation that would be the result of it, there has arisen a sort of antagonism between the two professions. That this is an unnecessary misfortune, both for doctors and nurses and still more for our patients, is made evident by the satisfactory relationship that is soon acquired between doctors and their special nurse assistants. That effective coöperation is not more general is mainly our fault. It is because the medical profession has not made plain what kind of service is wanted, and has not taken sufficient interest in the training of our assistants.

If modern nurses have too often assumed a professional equality or rather a professional independence, it is because they have been given by us a responsibility that cannot rightly be shifted from our shoulders. The cure of our patients is certainly our business. And the *cure* depends upon the *care* of them.

The only right relationship between the two professions is that the nurse is the doctor's assistant.

The highest interests of both professions, as also of our patients, depend absolutely upon full recognition of this relationship.

Just as the master of the ship must know all about the work of his crew, so the doctor if he is, as he ought to be, in supreme command, must know every detail of the nursing care of his patients. If the captain sails with a green crew, it is his first duty to train them. Likewise it is the doctor's duty to train his staff of nurses — and this training must be done in fair weather, before crises arise where passengers or patients are endangered.

Pursuing this comparison still further, while the captain's job is much easier if all the crew are able-bodied seamen, it is also perfectly plain that they must be ready to obey his orders instantly and implicitly. Even if they have sailed before under captains whose ways were different and in their opinion much superior, that does not excuse them for any insubordination. The safety of the ship depends upon their loyalty. The case is exactly the same where patients' lives are at stake. However preferable the methods of other doctors may be in the nurse's estimation, her duty is as plain as the sailor's. The doctor she serves under is her captain.

Theoretically this is understood by the nursing profession. But in practice modern nurses too often forget this fundamental principle. In the training

schools they follow their head nurses, as of course they should, and they work also under the direction of half-fledged internes. But they do not have the immediate relationship of assistants to the physicians and surgeons that would fit them for such service after their graduation. If during their pupilage they could have some outside service assigned them in the care of a single patient under the immediate oversight of the doctor, they then might have at least some chance of learning what the right relationship is between the two professions.

Besides this advantage, a pupil nurse if given the whole care of a single patient in his home would have better opportunity than is ever possible in the hospital wards to learn the foundation of perfect nursing, which is the concentration of the nurse's whole attention upon all of her patient's multifarious needs. And it would be still another advantage in the nurse's education to have to work *with* the family of her patient. That is what hospital training unfits the nurse for.

How to bring about this improvement in the training of our assistants is one of the nursing problems that now confront us. It demands our serious attention. And I believe that this Society should appoint a special committee to study the question and report to us their recommendations. It is needless to say that such a committee should ask for the

coöperation of representatives of the nursing profession. There can be no doubt that the recommendations of such a committee, if endorsed by the Massachusetts Medical Society, would have great weight with training-school managers.

Another problem of even more pressing importance, which should receive like consideration, regards the present inadequate supply of nurses. How can families having only moderate means get the nursing service needed?

As we all know, the prevailing cost of such service is higher than the average family income. And yet the average family's need of nursing service is certainly as great as the need is in families where several maids are employed.

In former years the ordinary family had at least one servant, but now only a small minority of our families have help of any kind. Moreover, it used to be the custom for neighbors to help each other in times of distress. Besides such help there used to be available in every community a somewhat uncertain number of old-time nurses, whose services many of us gratefully remember. Their weekly wages were often not more than the present daily cost of trained nursing.

In place of these earlier helpers in the homes of the sick, some of our patients of moderate means can go to the hospitals or have an hour or so of daily

service from visiting nurses. But many patients either cannot get into the hospitals, perhaps because of the uninteresting nature of their chronic diseases, or they do not want to go. Some still prefer to die in their own beds. Some prefer their humble homes as the birthplace for their babies.

Great as the benefit is of a visiting nurse's daily call, and quite sufficient as is often the case, what is rather needed by many of our patients is constant nursing during the whole twenty-four hours. In families where such service cannot possibly be afforded it might be supplied by enlarging the field of the visiting nursing organizations, which might furnish day and night shifts of nurses specially employed for such service. Neighbors who no longer are either able or willing to serve as night watchers themselves might well be solicited for the support of such service. And organizations willing to undertake it surely would be able to secure adequate endowment.

Moreover, as is well known, many nurses prefer to work for organizations, where they are provided with home comforts and have regular salaries, at considerably lower rates than they can afford to work for at cases they get by chance, after perhaps long intervals of waiting. But full of economic promise as this is, it can apply only to cities and towns. And yet nurses are just as much needed in our smaller communities.

This problem of supplying the needed nursing service where under present conditions it cannot be afforded depends for its solution not only upon sufficient financial support but even more upon a larger supply of nurses.

To meet this need a proposition has been made of arranging for an inferior kind of nurses to be called by another name, to serve those who cannot afford the best kind of nursing service. This is destined to failure because it is un-American. On our deathbeds we are all paupers, and the life of the poor man's wife or baby is as precious as the magnate's. Furthermore, no self-respecting, ambitious young woman can be expected to accept permanently inferior classification, nor should she be asked to do so and much less be forced to it by legislation.

Instead of nursing castes there should be grades with every possible opportunity for women to climb up from any one of them into the higher. Every woman who has given faithful service in any one of the many branches of nursing should be given a certificate for it, and also every encouragement to try for higher certificates.

One of the causes of the present shortage of nursing service is the needless sacrifice during their pupilage of many who, although unable to complete the course, are nevertheless capable of valuable service. They may perhaps have broken some rule

of the hospital, or failed to pass some examination, or have incurred the ill will of their official supervisor. More often their health has given way under the stress and strain of too continuous labor. Dismissal from the hospital may have been necessary, but many such girls, if only they might receive proper credit for what they have done well, could give useful service and very likely win their diplomas in other environment. Black lists are often very unfair to the women who want to be nurses.

The possibility of increasing the number of trained nurses so that the cost of their service will be materially lowered hardly needs discussion. They are not paid enough as it is. Even with present prospects most training schools have difficulty in attracting applicants. Trained nurses seldom advise their younger sisters or their nieces to enter the nursing schools. Nor can training schools longer depend upon an incoming stream of young women from other countries. It is therefore perfectly plain that the career of nursing must be made more instead of less attractive and the preparation for it easier.

There is only one way of securing the larger supply of nursing service needed by families unable to pay for graduate nurses. This is it. Just as the hospitals depend upon pupil service so must we in our family practice depend either (1) upon those

who in such service are in process of training or (2) upon those whose course of training has been interrupted.

In order to bring such plans into operation the training schools must so shape their courses that every school will take in many more pupil nurses than would satisfy its hospital.

I

In the first of the methods proposed the pupil nurses would have part of their training in home nursing, under the constant supervision of their visiting teachers and in the service of only such physicians as will accept responsibility for their training. As already has been said, in such service nurses can be better trained for the nursing needed in the homes of our patients.

This kind of training has been and still is bitterly opposed by the hospital training schools. It has been derided as the "Waltham Method," but it has a far more distinguished origin. This is the way Florence Nightingale herself was trained, and this is the way of training nurses that she advised Waltham to adopt. Of this I am able to give personal testimony.

Naturally enough those who have never seen any other method in operation cannot believe that any part of a nurse's training should be outside the

wards. The superintendents of the hospital schools have believed that hospital training fits a nurse for every other kind of nursing. The graduates of these schools naturally have shared this belief, and knowing nothing of the very different requirements of home nursing they could only make hospitals of our homes; nor could they understand that this was just what we did not want.

Inasmuch, however, as this is still the general opinion of the nursing profession it is incumbent on those of us who believe otherwise to defend our heresy and to answer the objections commonly made against giving pupil nurses any home nursing service.

1. In answer to the objection that no time can be spared for such service, it may be pointed out that if the pupil nurses were transferred as they should be from the different services as fast as they became proficient in each, then not more than two-thirds of the time now required would be needed for their hospital training.

2. In answer to the objection that it is unfair to pupil nurses that their earnings in home nursing should be devoted to the support of their school, the counter question may be asked if that is more unfair than it is for the hospitals to profit as now they do from the practically free service of their pupil nurses, even when assigned to the special care of patients in the private wards.

3. Against the objection that it is not fair to subject patients in their own homes to the service of pupil nurses it may be answered that this is a question for the patients' families and doctors to decide. And it may also be pointed out that the only alternative for such patients is not graduate nurse service, which they cannot afford, but either no nursing at all or else the service of those ignorant of their own inferiority.

4. If it is objected that the lower charges for pupil-nurse service is an unfair competition with the graduate nurses' charges, the sufficient answer is that in nursing professional rather than trades union standards ought to apply.

II

In the second of the methods proposed of utilizing in home service partially trained nurses, the nurses would not have such direct teaching supervision. Their service in home nursing would be an interruption rather than a regular part of their course of training. But both methods depend upon securing for the training schools a much larger number of probationers. What then can be done by the schools to attract more applicants?

The main causes for the country-wide turning away of young women from nursing seem to be:

1. Other more remunerative occupations, both immediate and prospective;

2. Dissatisfaction of graduate nurses in actual service;

3. Shorter and far pleasanter preparatory courses for other employments.

With the first two causes the schools are not especially concerned. They might, however, do more than they now do for their graduates. They might, for instance, provide and maintain Homes for them at moderate cost when they come back from their cases, perhaps sick themselves or only exhausted. They might also help them to shorter hours and to larger wages by calling sympathetic attention to the fact that nurses' charges have not increased anything like the cost of living or like the wages in other employments.

It is the third cause of the present shortage, and the possibility of making the course of training more attractive, that should receive most earnest consideration.

In the first place we must see to it that in any changes proposed there shall be no lowering of present standards. To maintain these standards it may not be possible to shorten the course of training. But may it not be possible to divide the course into separate branches, and, as the pupil nurses complete them satisfactorily, to give certificates of fitness in

these different branches? With such certificates the pupil nurses could be recommended for service in whatever branches they have qualified. They could thus find remunerative employment, after say one year of preparation. And then, if they so desire, they could afterwards at any time return for additional training in other branches and for extra certificates which will give them wider fields of service and still higher remuneration.

After winning certificates in all the different branches then they might be given the diploma of the school, which would also continue to be given to pupils who complete the regular course without interruption.

Young women who have made definite choice of a nursing career will naturally take the regular course of training. Many, however, who are not so decided, but who look forward rather to early marriages and homes of their own, or who want as soon as possible to earn money for themselves or their families in work where their hearts as well as their hands shall be employed, will be likely to prefer the shorter training offered in the special branches and the much earlier opportunities for earning good wages.

By no means all of those who would take this proposed divided training may be expected to complete the series. Some, for example, will be glad to

escape the course of training in contagious nursing, even if by winning a certificate in that branch they could command higher wages. And some will prefer maternity and infant nursing, while others will avoid it. But for all who take the training and win their certificates in any branch there will always be both the chance afterwards of climbing the ladder towards a complete education with all the privileges carried by a full diploma, and also the chance of early earnings. Young women who now cannot possibly afford to take the training might by this plan easily do so. Moreover, many who hesitate to promise in their application papers to remain throughout the course, provided they are accepted as probationers, would willingly enter for one year.

The adoption of this plan by our existing training schools would obviate the necessity of creating separate schools for "attendant nurses," which at best could give only a smattering nursing education instead of a solid foundation for subsequent training. And, besides during the first year, under this plan the pupil nurses would be of great use, instead of a disturbing element, in the hospitals.

There can be no doubt of the great usefulness to the community of nurses who have had only one year of training. Their certificates would specify just what kind of nursing they are fitted for. Such nurses would be able to give a large proportion of

the nursing needed. Their schools might well furnish them and the public with nursing registry service, including such extra oversight as would be advantageous and would ensure that only those who do well would be eligible for further training in other nursing specialties.

The "certified pupil nurse," whose training has been only interrupted, would be on a better footing than the "attendant nurse" whose training has been admittedly inferior. Whatever provisions might be made for the subsequent further training of "attendant nurses," it is not likely that many would avail themselves of such privileges. And we should thus have two distinct classes of nurses. This would be a great disadvantage. In every other profession we have only students and graduates. Why have any other classification among nurses?

But it is not enough to arrange shorter courses. If we want more nurses we must make the conditions of pupil nurse service more attractive. Separate chambers must be provided, so that each pupil shall have her own. Better food must be given to them by the hospitals. They must have shorter hours of service. More recreation must be provided, and parlors where the girls can receive their visitors. In short, the living conditions of the pupil nurses must be humanized.

This scheme of separate branches of nurse train-

ing is no new invention. Practically it is that of the White Cross of Holland, where it has worked well. Why not try it in this country?

The main thing to remember is that the successful employment outside of the hospitals either of pupil nurses or of those only partially trained depends almost entirely upon the active coöperation of the medical profession. Such nurses must not be given too great responsibility. They must be given explicit directions as to what is wanted of them. Their health and comfort must be assured.

The long and short of it is that our Nursing Problems can be solved only by more attention by the medical profession to the training of our assistants.

XII

NURSING AS A DISTINCT FORM OF CHRISTIAN SERVICE [1]

THE best way of observing Florence Nightingale's birthday is to emphasize the fact that the nurse's vocation is a special form of Christian service. This is what she herself always maintained. And yet, by the irony of fate, the too common obliviousness of this fact is in no small degree due to her; for she more than any one else was responsible for laicizing the nursing profession.

While this change was in most ways a great forward step, as was the similar laicising of the medical profession nearly a thousand years earlier, it nevertheless seems to have involved the needless sacrifice of an important and precious inheritance. For this impoverishment the modern histories of nursing are largely to blame. For, ignoring the distinct Christian origin of the nursing vocation as well as its continuity in the Church, these historians would have us consider it merely as a secular profession.

Against this non-Christian theory of derivation, which no one more than Florence Nightingale would

[1] An Address at the service held under the auspices of Saint Barnabas Guild in Trinity Cathedral, Cleveland, May 12, 1924.

have deplored, the Guild of St. Barnabas is a living protest. And it is therefore very fitting at such a service as this that the foundations of our faith should be stated.

In all probability the earliest Christian nurses were chosen from among the women who, while following our Lord and Master in His journeyings through Palestine, had witnessed His ministrations. But the first one of whom we have a definite description is Sister Phebe, the bearer of Saint Paul's Letter to the Romans, in which he asks them to "receive her as becometh saints" because of her previous service as deaconess in Cenchrea, where, he adds, "she hath been a succorer of many, and of myself also." Although this quaint word "succorer" is a fairly good translation it does not convey to our modern ears the real meaning of the Greek word which means a woman who stands by those in distress as their protector and helper. Translated into our present language, Saint Paul's statement is that Sister Phebe was a visiting nurse and that she had taken care of many and of Saint Paul himself in times of their helplessness.

Let those who ignore the Christian origin of the nursing profession search as they may the history and literature of preceding centuries and tell us if they find mention of any such woman as Sister Phebe or of any such vocation as was hers. They

cannot do so. For not until after the office of deaconess was established in the early Christian congregations would it have been possible for a woman to be occupied in helping the helpless in the seaport of Athens, which probably was as full of slums then as it is to-day. Only since the Christian era have women been allowed as a matter of course such vocational liberty.

In the early Christian centuries Sister Phebe's successors were numbered by hundreds if not by thousands. In the fourth century there were three hundred in Constantinople alone, where what is now the Mosque of San Sophia was then the church of the deaconesses.

Although in the history of the following dark ages there are only occasional records of Christian women so occupied, still there are enough such instances to establish the continuity of nursing as a distinct function of the Church. In the sixteenth century, following the Reformation, there was a great revival of deaconess nursing, and in the next century the great Catholic nursing sisterhoods were founded. From these religious orders of nurses the modern profession of nursing is directly derived.

If this Christian inheritance that so truly belongs to the nursing profession is disclaimed by those who do not recognize either the need or the help of the inspiration that such inheritance affords, it is fair to

remind them that, however unconscious they may be of the fact, nevertheless their altruism, as well as the opportunity for its exercise, is entirely owing to the momentum already attained by Christianity. Indeed, one of the most gratifying proofs of the progress of Christianity is the more general following of the Good Samaritan's example, in carrying to the hospitals and caring for them there all who fall by the wayside. If it be supposed that, with the establishment of the modern profession of nursing, the old-time Christian character of the nurse's vocation became obsolete, the life of Florence Nightingale, the acknowledged leader of modern nursing, affords a fully sufficient answer. Fortunately for the world she still has many followers.

No one who ever spent an hour or two in her gentle presence, listening to her idealization of the nurse's calling, could afterwards forget even the smallest details of his visit and certainly not her reverent asking God's blessing as the visit ended.

If time permitted I should like to say more about Miss Nightingale. But I especially want just now to bring plainly before you her conception of the nurse's calling as a distinct form of Christian service. I know of nothing written about her so characteristic as what she herself wrote in a letter to our Waltham nurses, from which I give you these extracts:

Dear Nurses:

God bless you every one! And what does His blessing mean to us nurses?

Does it not mean that, as Nursing has to do with the body, which is the "temple" of the Holy Spirit — has to do with life and death — not with books — all our work in it must "begin, continue, and end" in Him. . . .

Let us not treat Nursing as a sacrifice, but as the great delight of life.

Would you offer less than a perfect Nursing to God?

Let us make Nursing less a matter of business and more of a calling. It is a noble calling, but *we* must *make* it so.

Do you agree that this is what God's blessing means to us Nurses?

At the beginning and again at the end of our lives we are absolutely dependent upon others' care. And during our lives few of us escape sicknesses or other accidents that for longer or shorter periods reduce us to similar helplessness. The reason why the care that we need at such times can best be given by women is because of their potential motherhood. Nursing is mothering. And for the time being the nurse's patient is only her helpless child. This maternal relationship, whether or not recognized, in some measure compensates the nurse for having no children of her own to care for.

When the nurse has agreeable and attractive patients it is easy enough for her to treat them lovingly, and the only hardship comes in leaving them after her service is no longer needed. Even when her helpless patients are not lovable the nurse's

God-given instincts may still enable her to mother them. But when they are distinctly unlovable or even naturally repulsive then it is that the nurse, if she is to treat such patients as she should treat them, needs higher inspiration. And the nurse who knows that her vocation is really one form of Christian service will not forget to

> Ask God to give her skill in comfort's art,
> That she may consecrated be and set apart
> Unto a life of sympathy.
> For heavy is the weight of ill in every heart
> And comforters are needed much,
> Of Christ-like touch.

In this world of complications it sometimes seems harder to know what to do than it is to do what we know we ought to do. Nurses are especially liable to such perplexity. And yet when we are in doubt as to what shall be our conduct towards others we may well remember that we have plain and definite orders from our Master. We may not easily understand how to obey the first of His two great commandments. I confess that only in obedience to the second am I able to see how to obey the first. How except by loving others can we show our love of God!

The parable of the Good Samaritan teaches us to consider all of our Father's children as our neighbors. Moreover, we have the Master's direct com-

mand to love even our enemies. These commands mean for both nurses and physicians nothing less than that every one of our patients shall receive loving treatment.

But what is love? Perhaps no other word in the English language, even if not misused, is used in so many different senses.

We seem to need to qualify it with all sorts of adjectives — parental, filial, fraternal, and so on, as if there were really many different kinds of love, of which neighborly love would then be one. Are such distinctions real, or is there in all kinds of love some common property or some one source? If there is and we can find it, then we can more easily understand what is meant by the commandment to love our neighbors and even our enemies.

Years ago a dear little daughter of friends of mine asked her mother our present question — what is love? And then, in answer to her mother's evident perplexity as to just what she meant, the child timidly ventured her belief that love is God. She was right. So was Matthew Arnold in his sonnet on Divinity:

> "Yes, write it in the rock," Saint Bernard said,
> "Grave it on brass with adamantine pen!
> 'T is God himself becomes apparent, when
> God's wisdom and God's goodness are display'd,
> For God of these his attributes is made."

Just as all the warmth on earth comes originally from the sun, so all the love we ever receive and all that we can ever bestow comes from God. In the loving treatment of others we therefore are only His transmitting agents. And all the different manifestations of love, as well as all its perversions, are wholly due to our imperfect transmitting. Just as some materials are better than others as conductors of electricity, so some persons excel in the transmission of God's love. Such both here and hereafter are of the communion of saints!

Besides having one source, is there also in all kinds of love some common property that if we can find it will help us to understand our duty? There certainly is, for all love is action and like heat requires an object for its manifestation. Just as the sun's rays pass through space with no effect until they reach the earth, which thus is vivified, so no love surcharging our hearts is of any effect except as passing through us it affects others. We therefore are responsible not for our feelings, but only for their expression, that is, for their effect upon others. And here we have absolute freedom of choice: it is for us to decide which of our feelings shall be shown.

Does not this conception of what love really is make it easier to see how we can love even our enemies? For, in treating them lovingly, we have only to suppress our aversions, of which we may well be

ashamed, and instead to let God's love that is ever seeking human utterance have full use of all our faculties for showing tenderness and sympathy. This may often seem hard to do; yet when undertaken we shall surely find that His yoke is easy and His burden light.

But some may ask how, without sacrifice of truthfulness, can we treat lovingly those whom we dislike? The answer is that in obeying Him who is the Truth there can be no such sacrifice. And even without this assurance we need only to ask ourselves whether it be really truer conduct to act in accordance with our petty aversions than it is to act in accordance with our ideals.

Again, if we hesitate to believe that God needs our coöperation in making His love known to our patients, we have only to recall our own experience. In our happy days the heavens have declared His glory and the firmament has shown us His handiwork. But in times of our own distress and discouragement only by the kind sympathy of our fellow mortals have we been made to realize His great loving kindness.

In the loving treatment of those who love us we may not recognize the fact that we are God's agents. Such love seems to be our very own. But when in obedience to the Master's commands we treat lovingly those whom we naturally dislike then it is

possible actually to feel His love stream through us. And then, miraculously, we often find those whom we at first disliked become lovable. This sense of coöperation with our Heavenly Father surely must be a foretaste of Heaven, for there is no higher delight within our mortal reach.

I doubt not that such has been the experience of many nurses and many physicians, but I fear there are also many among both professions who work on in grim obedience to duty, without the joy of such inspiration — which, let us never forget, may be had for the asking.

I have sometimes fancied that we whose function it is to help the helpless are after all very much like the electric cars that under certain conditions can carry folks whither they would go. What are these conditions? For the trolley car, its wheels must be on the rails, it must be heading in the right direction, and, most important of all, its trolley must spring upwards for the electric current that will enliven its motor. For us, if we would aid our weary fellow travellers, the conditions are that our feet shall be firmly planted on the right road, that we shall be facing towards the Holy City, and, most important of all, that we should reach up for the abounding power above that will quicken our hearts.

Nursing is generally considered to be a profession. So it is. But it is also an art. And that means that excellence in it depends upon the equal functioning of mind and hand and heart. In the modern nurse's training there is no lack of attention paid to her mental and technical education, but her heart power, which needs equally careful training, is too often left to chance development. As a result the modern nurse in intelligence and dexterity is far ahead of the old Deaconesses and Catholic Sisters, but in the use of her heart she is often as far behind them.

Buried talents not only fail of increase, they are taken from us. Nowhere is this more clearly to be seen than in the disuse of our hearts. If our opportunities for loving service are neglected it becomes harder and harder to be tender and loving in the care of our helpless patients. On the other hand, in the daily use of our hearts there is no limit to the growth of our power to bring to our patients the blessed recognition of our Heavenly Father's love.

Undoubtedly one great defect in modern nursing is the lack of this heart service. And certainly in some part this is due to the fact that the high inheritance belonging to the nurse's calling is so often forgotten. As a distinct form of Christian service earlier nurses recognized in the vocation their great privilege. They were inspired by their faith that in

feeding the hungry, in visiting the sick and comforting the suffering, they were serving Him who will say:

"Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

God grant that we all may hear this said to us when our life work is ended and we have come into His everlasting Kingdom!

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